

# 25  
continued

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**ARONSOHN WEINER & SALERNO, P.C.**

263 Main Street

Hackensack, New Jersey 07601

(201) 487-4747

FAX (201) 487-7601

Attorneys for the Plaintiff, Beth Nussbaum

**FILED**

JAN 8, 2010

WILLIAM R. DIORIO, JR., JLR

**BETH NUSSBAUM,**

*Plaintiff,*

vs.

**DAVID PUSHKIN,**

*Defendant*

**SUPERIOR COURT OF NEW JERSEY  
CHANCERY DIVISION - FAMILY PART  
BERGEN COUNTY**

**DOCKET NO. FM-02-333-10**

**CIVIL ACTION**

**DUAL JUDGMENT OF DIVORCE**

THIS MATTER being opened to the Court by ARONSOHN WEINER & SALERNO, PC., attorneys for the Plaintiff, BETH NUSSBAUM (Kevin L. Bremer, Esq. appearing), upon the Plaintiff's Verified Complaint for Divorce, and upon Answer and Counterclaim for Divorce by DAVID PUSHKIN, Defendant *Pro Se*, and it further appearing that the parties were joined in the bond of matrimony on December 28, 2003, and the Plaintiff and Defendant, and each of them, having pled and proved the cause of action for divorce pursuant to N.J.S.A. 2A:34-2(i), and each having been bona fide residents of this State at the time the cause of action arose and for one year next preceding the commencement of the within action, and jurisdiction having been acquired pursuant to the Rules governing the Courts and the parties being subject to the jurisdiction of this Court and for other good cause;

IT IS on this 1/6/10 day of January, (2009; ) 2010

**ORDERED and ADJUDGED** as follows:

1. By virtue of the power and authority of this Court and of the acts of the legislature, in such case made and provided, the Plaintiff, BETH NUSSBAUM, and the Defendant, DAVID PUSHKIN, be and are hereby divorced from the bonds of matrimony pursuant to N.J.S.A. 2A:34-2(i) and the parties and

**ALL ISSUES PLEADED AND NO;  
RESOLVED IN THIS JUDGMENT  
ARE DEEMED ABANDONED.**

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each of them are freed and discharged from the obligations thereof, and the marriage between the parties is hereby dissolved; and

**IT IS FURTHER ORDERED AND ADJUDGED**, that the aforesaid Agreement is hereby permitted by the Court to be made a part of this Judgment and the parties are bound by the terms thereof as if set forth herein verbatim and at length in light of this Court's determination that both parties have voluntarily entered into this Agreement and have accepted the terms thereof as fair and equitable. The Agreement is neither approved or disapproved by the Court, but is made a part of this Judgment at the request of the parties who are directed to abide by its terms and conditions. Said Agreement shall survive this Judgment. All issues pleaded and not resolved in this Judgment are deemed abandoned.

**IT IS FURTHER ORDERED** that the parties are directed to abide by the following agreed upon terms and conditions of the oral agreement reached and placed on the record in open court on December 16, 2009, and is hereby made a part of this Dual Judgment of Divorce, and shall not merge therewith and shall survive the Dual Judgment of Divorce, and the parties are hereby directed to abide by the terms of the Agreement and the court specifically notes the Agreement.

1. The parties specifically forever and permanently waive any past, present or future claims of spousal support of any kind from the other.
2. The parties agree that neither will be able to maintain the standard of living akin to that enjoyed by them during the marriage by use of their equitable distribution funds, personal funds, personal income from all sources and personal efforts.
3. Both parties shall be responsible for their own legal expenses incurred relative to this divorce litigation.
4. Wife shall pay to the Husband the sum of \$651.00 (representing the remaining balance owed to the Husband from the parties' joint 2008 income tax refund from New York State) upon the Husband's signing of the Jewish divorce known as the "Get". The Husband acknowledges having received the foregoing payment from the Wife prior to the entry of this Judgment.

**ALL ISSUES PLEADED AND NOT  
RESOLVED IN THIS JUDGMENT  
ARE DEEMED ABANDONED.**

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5. Wife waives any and all past, present and future claims to the Husband's TIAA-CREF retirement account.
6. Husband waives any and all past, present and future claims to the Wife's T. Rowe Price, Gellar Group, and her Mass Mutual retirement accounts.
7. Husband waives any and all past, present and future claims to the former marital property located at 200 Winston Drive, Apt. 812, Cliffside Park, New Jersey. Wife shall be solely responsible for any and all costs, expenses and liabilities associated with her ownership of this property and the Husband shall have no future involvement in same.
8. Upon the entry of this Agreement, if not sooner, the Wife shall have the Husband's name removed from any and all accounts (including but not limited to, mortgage, electric, gas, cable television, water, telephone, home insurance account, property tax records with the Borough of Cliffside Park, etc.) maintained in connection with the operation and maintenance of the marital premises. Furthermore, the Wife shall be solely responsible to pay and shall indemnify and save the Husband harmless from any responsibility from the direct or indirect costs of the operation and/or maintenance of the marital premises, including but not limited to the payment of property taxes, repairs, capital improvement for any debts that may arise with respect to third parties.
9. Furthermore, should the Wife sell the property titled in her name, she shall solely be entitled to receive any and all profits or equity received from the sale of the former marital home. Likewise, she shall be solely responsible for any and all debts as a result of the property being sold at a loss.
10. Husband shall maintain the Wife as a forty (40%) percent beneficiary on his AAA membership life insurance policy.
11. Wife waives any and all past, present or future claims or rights to the Husband's pending social security disability benefits and damages award from an on-going litigation resulting from a January, 2008 automobile accident. Husband represents that any monies derived from the foregoing shall be

ALL ISSUES PLEADED AND NO.  
RESOLVED IN THIS JUDGMENT  
ARE DEEMED ABANDONED.

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designated for the purpose of the Husband's continued healthcare and maintained residence in an assisted living facility.

12. Both parties waive all input on each other's future affairs, including but not limited to, healthcare, health insurance, location of residence, arrangements for death, etc.

13. Wife shall retain all widow benefits available for social security retirement benefits when of proper age.

14. Husband agrees that he shall cooperate with and sign the religious divorce known as a "Get". The Wife will arrange for and pay for the full cost of obtaining the "Get".

15. Each spouse is responsible for their own debts in their respective names. In the event that the Chase credit card bearing account no. 4185 8759 9631 1399, with a balance of \$9,040.00 as of 12/16/09 cannot be transferred completely to the Husband, including sole responsibility and financial responsibility, the Wife shall be specifically responsible for:

- a) Chase credit card (formerly WAMU, Disney Rewards, HSBC) bearing account no. 4185 8759 9631 1399 with a balance of \$9,040.00 as of 12/16/09.

Additionally, the Wife shall immediately cancel and/or remove the Husband's name from the following joint credits cards that each have a zero (0) balance:

- a) Disney Rewards Visa credit card bearing account no. 4266 9020 2988 9936;
- b) Home Depot credit card bearing account no. 6035 3201 8850 9234;
- c) Sears credit card bearing account no. 5049 9401 3040 2901;

16. The Husband covenants and represents he will not hereafter incur or contract any debt, charge or liability whatsoever for which the Wife, her legal representatives, or her property or estate may be come liable except as expressly permitted by the provisions of this Agreement. The Husband further covenants that he shall keep the Wife free, harmless and indemnify of and from any and all debts, charges or liabilities heretofore or hereafter contracted by him for himself or for the account of any other person, except as expressly permitted in this Agreement.

ALL ISSUES PLEADED AND NO.  
RESOLVED IN THIS JUDGMENT  
ARE DEEMED ABANDONED.

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17. The Wife covenants and represents she will not hereafter incur or contract any debt, charge or liability whatsoever for which the Husband, his legal representatives, or his property or estate may be come liable except as expressly permitted by the provisions of this Agreement. The Wife further covenants that she shall keep the Husband free, harmless and indemnify of and from any and all debts, charges or liabilities heretofore or hereafter contracted by her for herself or for the account of any other person, except as expressly permitted in this Agreement.

18. Wife shall remove the Husband's name from any and all additional joint credit card not named above accounts that he has no access, control or use of. Wife has returned to the Husband the Barnes & Noble membership card that she had obtained under her Husband's name. Furthermore, in the event there are any additional membership/ discount cards in the Husband's name, they shall promptly be returned to the Husband. The Wife may continue to use her COSTCO membership card for the remainder of 2009-2010 term. The Wife will be responsible for renewing her own membership in June 2010. The Wife may also continue to use her AAA Motor Club membership card for the remainder of its 2009-2010 term. The Wife will be responsible for renewing her own membership in February 2010 (the Husband will provide the Wife with her new 2010 AAA card which was recently received).

19. Each party shall file and be responsible for their own 2009 income tax returns and for every year thereafter.

20. Each party shall retain their individual bank accounts in their own respective name. Furthermore, the parties shall divide the balance of their Citibank joint checking account. The Citibank account (bearing account number 90283859) has a present balance of \$30.00 as of 12/16/09. Upon the distribution of funds to the parties, the Wife shall close this account and forward proof of same to the Husband in a timely manner.

21. With regard to the property remaining at the former marital residence, the parties agree that the Husband shall be entitled to enter the former marital residence within thirty (30) days of the date of this Agreement (at a date and time agreed upon by both parties) and retrieve the following:

ALL ISSUES PLEADED AND NO. 5  
RESOLVED IN THIS JUDGMENT  
ARE DEEMED ABANDONED.

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- One brown IKEA bookcase in living room
- \$80.00 payment from the Wife as agreed upon purchase for second brown IKEA bookcase
- Glass vase with "P" on it
- Hand washing set from husband's friend Peter Applebaum (located in bottom of dining room IKEA curio)
- Lime green glass bowl from Jonas Weiss used among Pesach dishes
- Glass cutting board set gifted by Judy and Herb Javer as gift (Pesach '06) located on top of bookcase and never opened
- One of never opened challah boards, as well as challah cover
- Thick set of everyday drinking glasses; Wife shall retain narrow drinking glasses
- Food processor, vegetable juicer and other miscellaneous appliances/items purchased by husband prior to the marriage, or during the marriage which the parties can agree upon dividing between themselves.
- When the Wife vacates the marital residence, she shall forward to the Husband these mezzuzas and scrolls that were his pre-marriage. The Husband will photograph said mezzuzas when at the marital residence and provide the Wife duplicate prints for her reference.
- Big dresser in bedroom that the television set is on; Wife shall retain the two night stands. If Wife is not ready for Husband to take it when he removes the remainder of his property, she will agree to arrange for and pay for delivery of same to the Husband.
- RCA television with remote control in the master bedroom
- Four (4) pairs of scrub pants (purple, black, blue, green) and two (2) sweatshirts (gray & tan). Wife indicates she is not aware if these clothing items are still maintained in the former marital residence, however she will make a good faith search for same and if she still has same, she will promptly forward them to the Husband.
- Posters, book bags, knapsacks, misc. (in master bedroom closet)
- Orange Apple ibook floppy drive (this was purchased in 1999)
- Framed picture of polar bears (second bedroom)
- Framed picture of "Serenity" and clock radio (guest bathroom)
- Metal mixing bowl set and small Corelle bowls (kitchen)
- Magnets on old and new kitchen refrigerators (NY Mets, the Big Apple, London, other locations, misc. quotes)
- Tools in kitchen utility drawer, living room, pantry & storage closet. Wife is unable to ascertain which tools are hers and which are Husbands. As such, she will forward all tools to the Husband. The Husband, in good faith, will advise the Wife which tools are hers and forward same back to her.
- Blue insulated "lunch" carry bag and ice packs (kitchen) (if available)
- 13-inch TV w/remote (kitchen)
- Moosewood and various vegetarian style cookbooks (and all additional cookbooks with Husband's signature inside cover)
- Husband's father's painting of man cleaning a chicken
- Electric keyboard and stand, power cord and electric surge protector (master bedroom)
- Emerson stereo w/speakers and remote (right-hand closet of living room entertainment unit)

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- Sheet music books and LP albums (right-hand closet of entertainment unit). Wife is unable to ascertain which items are hers. As such, she will forward to Husband, who will review same in good faith and advise Wife which items are hers and return them to her promptly.
- Bronze desk lamp (top of desk in living room office area)
- Penn State metallurgy/foundry mug (top of desk)
- Ornamental plates/records of Beatles w/stands
- "Chicago" and "Cheers" shot glasses and other ornaments from Canada
- Fragrance candles (entertainment unit). Wife is unaware if these are still in apartment. If so, she will forward same to Husband.
- Small green Israeli plate and black vase (dining room glass cabinet)
- Rabbi and Moses statue (cabinet)
- Plaque of 10 Commandments (cabinet)
- Three (3) Chanukah menorahs (2 from Husband's sister, one of which was a gift received by the parties during the marriage; 1 from Husband's father)
- Mac G-3 computer w/Epson printer (music cassette tapes, old suitcases and blue milk crate (all presently located in external hall closet)
- Book - The Legal Problem Solver
- Remaining Judaica books (located in front book case) as well as Night by Elie Wiesel, 5 copies of Maxwell House Haggadah, Husband's father's Haggadah from childhood 1920s, books from the Great Jews series and on Jewish history and geography.
- Husband's Western comforter as well as afghan gifted by Debbie Weinberger.
- Husband's linen items agreed upon with the Wife (i.e., pillowcases and wash cloths)
- Non-cordless telephone w/o answering machine (second bedroom storage closet)
- Flash drive to Kodak Easyshare frame. Wife is unaware where this is located and will make a good faith search for same and if located, she will forward it to the Husband.
- Two small electric fans (black and red)
- Sears tool cart in storage closet as well as all tools and sets of keys
- Various ornaments and refrigerator magnets purchased while traveling to Alaska and Israel
- Electric surge protector, desktop file organizer, shoe organizer, two ornamental plates of dogs (Yorkies only)
- Stuffed animals purchased before and during marriage, given as gifts and jointly adopted as "pets". Parties will make a good faith effort to distribute these amongst themselves.
- Transmitter and wires for cordless TV listening headset (Husband already has headset)
- Cordless phone system purchased by Husband in 2008 from Radio Shack
- Desk and matching file cabinet with keys purchased at Macys in 2005
- Roomba vacuum and all accessories (where available)
- Eureka vacuum and all accessories (where available)
- Havdalah set (wedding gift)

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22. Wife shall forward to Husband any and all mail received that was addressed to him at the former marital residence. Furthermore, she shall make copies of all insurance related information received at the marital residence and forward true and accurate copies of same to the Husband in a timely manner.

23. In the event that the Wife sells any or all items received by the parties as wedding gifts in 2003-2004, she shall give the Husband a thirty (30%) percent share of all profits and copies of all transactions verifying sale price.

24. In the event that the Wife sells her engagement ring (purchased by the Husband October 13, 2003 at Diamond City, 1200 6<sup>th</sup> Avenue, New York, N.Y. 10036 for \$2,300.00) or Diamond Journey Pendant (fourth anniversary gift, purchased by the Husband December 29, 2007 at MACY'S, Garden State Plaza, Paramus, New Jersey 07652 for \$1,186.42), she shall give the Husband a fifty (50%) percent share of all profits and copies of all transactions verifying sale price.

25. Defendant shall return to Plaintiff the following items:

- Green suitcase
- Any additional items in his possession that might belong to the Wife
- All documents related to Disney Rewards Visa credit card
- All documents related to the original HSBC credit card in Wife's name

The Husband shall be entitled to retain copies of the aforementioned credit card documents for his records, as statements from 2006-2008 include health-related expenditures.

26. Wife will make a diligent search of the former marital residence to determine if any of the following are in the residence and if so, they will promptly be returned to the Husband.

- Husband's tax returns for 1983 through 1988 and 1994;
- Husband's tax returns for 1999 through 2002;
- Fleet Bank checkbook ledger May 28, 2004 (#357) through November 2, 2005 (#564)
- Fleet Bank checkbook ledger May 17, 2006 (#565) through September 20, 2006 (#718)
- HSBC August 15, 2006 (#101) through March 15, 2007 (#176)

27. Should either party fail to abide by the terms of this Agreement, the defaulting party will indemnify and hold the enforcing party harmless for all reasonable expenses and costs, including

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Case 1:10-cv-09212-JGK -DCF Document 13-5 Filed 02/17/11 Page 20 of 30

**GEICO**  
geico.com

- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

750 Woodbury Road  
Woodbury, NY 11797-2519

01/30/2008

Date Loss Reported to GEICO: 01/28/2008

David Pushkin  
200 Winston Dr  
Cliffside Park, NJ 07010-3214

Company Name: Government Employees Insurance Company  
Claim Number: 023679415-0101-016  
Loss Date: Monday, January 28, 2008  
Policyholder: David Pushkin  
Policy Number: 2010349807

Dear David Pushkin,

I have been advised of your recent injury and wished to express my sympathy and offer my services to you at this time. I will be working with you to handle your claim.

I need your help to begin processing your claim. **In order for us to provide your PIP benefits, I need you to complete the enclosed "Application for PIP Benefits" form and the "HIPAA compliant authorization" form, and return the originals to me in the business reply envelope I have provided.** These forms are essential to begin processing your claim and allow us to contact your health care provider to obtain pertinent medical information regarding your claim. These forms must be returned as soon as practicable.

We also need information regarding the facts of the accident, nature and cause of the injury, the diagnosis, and the anticipated course of treatment as promptly as possible after the accident, and periodically thereafter. If we do not receive this information within 30 days from the date of loss, additional co-payment penalties may apply.

The following is a summary of the benefits, which may be available to you. If you have any questions regarding your benefits, please contact me and I will be glad to review them with you. Personal Injury Protection provides the following types of benefits subject to your available limits.

Medical expense benefits are provided for reasonable and necessary expenses incurred for treatment or services rendered by a provider, including medical, surgical and dental treatment, rehabilitative and diagnostic services, hospital expenses, ambulance services,



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medication, and durable medical equipment up to the policy limit of \$50000.00. You are responsible for some of the expenses related to this claim, including a deductible of \$250.00, as well as a 20% co-payment of the eligible medical expenses, up to the first \$5,000.

Income continuation benefits are available for lost wages as a result of bodily injury disability. You may be eligible for a maximum of \$100.00 per week for a total limit of \$5,200.00 per person per accident, but not to exceed the net income normally earned during the period in which benefits are payable. If you are losing time from work, please contact me immediately. All claims for lost wages must be verified by your treating physician and your employer.

Essential services benefits are reimbursement for payments made to others for substitute essential services you normally perform not for income, but for the care and maintenance of yourself and your relatives. You may be eligible for reimbursement up to \$12.00 per day for a total limit of \$4,380.00 per person per accident.

Death benefits may be available in the event of the death of an eligible injured party.

**An introduction document which will explain how your medical claim will be handled has been sent to you in a separate envelope.** You should be aware that certain expenses must be pre-certified. Pre-certification means the pre-approval by us of potentially covered expenses including but not limited to certain services, diagnostic tests, medical treatment and procedures, prescription supplies, and durable medical equipment. In addition, any medical services incurred without pre-certification, where required, will be subject to an additional 50% co-payment, if the services are subsequently determined to be medically necessary. Medical expenses which are not medically necessary will not be reimbursed. Please see the introduction document for more information about Pre-certification. You should read the entire document carefully as it also contains important information regarding Independent Medical Examinations, Voluntary Network Services and other subjects.

If you have any questions regarding the forms or if you need assistance regarding the medical aspect of your file, please contact me at the number below, Monday through Friday between the hours of 08:00am a.m. & 04:30pm p.m. Please refer to our claim number when calling or writing about this claim. I look forward to helping you in any way possible.

Sincerely,

Dominic Spaventa, Examiner Code LAF5  
(800)301-1390x4554

Claims Department

Encl: C258NJ, C622NJ, Return Envelope



Page 1 of 1

# New Jersey Police Crash Investigation Report

1 Case Number: 08-2568  
 2 Police Dept: Paramus  
 3 Station/Precinct: Paramus  
 4 Date of Crash: 01/28/08  
 5 Day of Week: Su  
 6 Time (use 2400 hrs): 0725  
 7 Municipality Code: 0246  
 8 Total Killed: 0  
 9 Total Injured: 0  
 10 Crash Occurred On: Paramus Rd.  
 11 Speed Limit: 40  
 12 Route No.: 12  
 13 Suffix: 13  
 14 Milepost: 14  
 15 Speed Limit: 15  
 16 Cross Road Name: Rt 4 West  
 17 To: 19  
 18 From: 20  
 19 Latitude: 21  
 20 Longitude: 22  
 23 Veh No: 2010 34 98 07  
 24 Policy No: 639  
 25 Ins Code: 639  
 26 Driver's First Name: David  
 27 Last Name: Poshvin  
 28 Sex: M  
 29 Eyes: 2  
 30 Number and Street: 200 Winston Dr apt 812  
 31 City: Cliffside Park  
 32 State: NJ  
 33 Zip: 07010  
 34 DOB: 3/21/63  
 35 Expires: 6/08  
 36 Owner's First Name: [Redacted]  
 37 Last Name: [Redacted]  
 38 Same As Driver: [X]  
 39 Number and Street: [Redacted]  
 40 City: [Redacted]  
 41 State: [Redacted]  
 42 Zip: [Redacted]  
 43 Make: 2004  
 44 Model: Cor  
 45 Color: BK  
 46 Year: 96  
 47 Plate No: JEL 850  
 48 State: NJ  
 49 VIN: 2T1BA02E0TC129901  
 50 Expires: 12/08  
 51 Vehicle Removed To: [Redacted]  
 52 Given: [X]  
 53 Left at Scene: [X]  
 54 Towed: [X]  
 55 Impound: [X]  
 56 Disabled: [X]  
 57 Authority: [X]  
 58 Owner: [X]  
 59 Driver: [X]  
 60 Police: [X]  
 61 Alcohol/Drug Test: Given: [X] No [X] Yes [X] Refused  
 62 Type: [X] Breath [X] Blood [X] Urine  
 63 Results: 0.00% [X] Pending  
 64 Hazardous Material: On Board [X] Spill [X]  
 65 Name or Placard No.: [Redacted]  
 66 Carrier No.: [X] USDOT [X] Other  
 67 Commercial Vehicle Weight: [X] ≤ 10,000 lbs [X] 10,001 - 26,000 lbs [X] ≥ 26,001 lbs  
 68 Carrier name: [Redacted]  
 69 Crash Diagram (NOT TO SCALE): [Diagram showing intersection of Paramus Rd. and Rt 4 West. Vehicle 1 is stopped at the intersection. Vehicle 2 is approaching from the north. A note indicates 'Both vehicles were stopped waiting to enter traffic. Veh #1 pulled forward but stopped again. Not realizing Veh #2 had stopped again. Driver #2 began to accelerate. Subsequently collision occurred.']  
 70 Alcohol/Drug Test: Given: [X] No [X] Yes [X] Refused  
 71 Type: [X] Breath [X] Blood [X] Urine  
 72 Results: 0.00% [X] Pending  
 73 Hazardous Material: On Board [X] Spill [X]  
 74 Name or Placard No.: [Redacted]  
 75 Carrier No.: [X] USDOT [X] Other  
 76 Commercial Vehicle Weight: [X] ≤ 10,000 lbs [X] 10,001 - 26,000 lbs [X] ≥ 26,001 lbs  
 77 Carrier name: [Redacted]  
 78 Crash Description: Both vehicles were stopped waiting to enter traffic. Veh #1 pulled forward but stopped again. Not realizing Veh #2 had stopped again. Driver #2 began to accelerate. Subsequently collision occurred.  
 79 Damage To Other Property: [Redacted]  
 80 Oper.: [X] 137 Charge [X] Multiple Charges  
 81 Summons No.: [Redacted]  
 82 Officer's Signature: [Signature]  
 83 Badge No.: 368  
 84 Reviewed By: [Signature]  
 85 Badge No.: 376  
 86 Case Status: [X] Pending [X] Complete  
 87 Names & Addresses of Occupants - If Deceased, Date & Time of Death:  
 88 Driver #1  
 89 Driver #2





The medical portion of your claim is **Open**  
 The GEICO representative handling your medical claim is:

**Gina Fuge**

**Phone:** 800-301-1390 x4506

**Fax:** 716-898-0542

### MEDICAL PROVIDERS

#### MYMATRIX

Date of Service	Bill Received	Bill Status	Bill Amount	Allowable Amount	Paid Amount	Bill Image
12/02/2008	01/05/2009	Paid	\$469.23		\$303.86	
12/23/2008	01/05/2009	Paid	\$461.51		\$298.66	
12/23/2008	12/29/2008	Paid	\$373.08		\$241.47	

#### SETH KANE

Date of Service	Bill Received	Bill Status	Bill Amount	Allowable Amount	Paid Amount	Bill Image
04/28/2008	05/07/2008	Paid	\$105.00		\$32.00	
02/25/2008	05/06/2008	Paid	\$105.00		\$7.99	
02/01/2008	03/22/2008	Paid	\$175.00		\$60.80	
02/25/2008	03/11/2008	Paid	\$105.00		\$32.00	

#### ALLIANCE HAND & PHYSICAL THERAPY

Date of Service	Bill Received	Bill Status	Bill Amount	Allowable Amount	Paid Amount	Bill Image
04/11/2008	09/21/2009	Denied	\$1,005.00			
04/14/2008	02/19/2009	Denied	\$965.00			
04/09/2008	09/11/2008	Paid	\$352.00		\$103.32	
04/09/2008	08/25/2008	Denied	\$1,357.00			
04/28/2008	05/01/2008	Denied	\$258.00			
04/25/2008	04/30/2008	Denied	\$193.00			
04/23/2008	04/28/2008	Denied	\$193.00			
04/11/2008	04/28/2008	Paid	\$138.00		\$12.25	
04/15/2008	04/21/2008	Denied	\$193.00			
04/14/2008	04/17/2008	Denied	\$256.00			
04/09/2008	04/14/2008	Denied	\$352.00			
04/07/2008	04/11/2008	Paid	\$160.00		\$64.02	

#### NORTH JERSEY PRIMARY CARE ASSOCIATES

Date of Service	Bill Received	Bill Status	Bill Amount	Allowable Amount	Paid Amount	Bill Image
01/28/2008	03/12/2008	Paid	\$218.00		\$69.91	

#### HACKENSACK RADIOLOGY GROUP, PA

Date of Service	Bill Received	Bill Status	Bill Amount	Allowable Amount	Paid Amount	Bill Image
09/21/2009	10/21/2009	Paid	\$860.00			
01/28/2008	03/06/2008	Paid	\$99.00		\$29.67	

#### HACKENSACK UNIVERSITY MEDICAL CENTER

Date of Service	Bill Received	Bill Status	Bill Amount	Allowable Amount	Paid Amount	Bill Image
01/28/2008	02/27/2008	Paid	\$2,256.00		\$1,604.80	



Medical Summary Print View

11/9/09 11:58 AM

Case 1:10-cv-09212-JGK -DCF Document 13-5 Filed 02/17/11 Page 24 of 30

There are no Non-Medical Providers on your claim

There are no Lost Wages on your claim

## Payment Information

Date	Paid To	Mailed To	Check #	Amount	Comment
01/06/2009	MYMATRIXX	PO BOX 20022 TAMPA, FL 33623-0022	83665865	\$303.86	PERSONAL INJURY PROTECTION 12/02/2008 - 12/02/2008 498168

## Payment Information

Date	Paid To	Mailed To	Check #	Amount	Comment
01/06/2009	MYMATRIXX	PO BOX 20022 TAMPA, FL 33623-0022	83665864	\$298.66	PERSONAL INJURY PROTECTION 12/23/2008 - 12/23/2008 498210

## Payment Information

Date	Paid To	Mailed To	Check #	Amount	Comment
12/30/2008	MYMATRIXX	PO BOX 20022 TAMPA, FL 33623-0022	83657263	\$241.47	PERSONAL INJURY PROTECTION 12/23/2008 - 12/23/2008 493333

## Payment Information

Date	Paid To	Mailed To	Check #	Amount	Comment
05/14/2008	SETH KANE	277 FOREST AVENUE PARAMUS, NJ 07652	83142322	\$32.00	PERSONAL INJURY PROTECTION 04/28/2008 - 04/28/2008 NJ EOB 293575- 2

## Payment Information

Date	Paid To	Mailed To	Check #	Amount	Comment
05/07/2008	SETH KANE	277 FOREST AVENUE PARAMUS, NJ 07652	83120241	\$7.99	PERSONAL INJURY PROTECTION 02/25/2008 - 02/25/2008 NJ EOB 245479- 4

## Payment Information

Date	Paid To	Mailed To	Check #	Amount	Comment
04/17/2008	SETH KANE	277 FOREST AVENUE PARAMUS, NJ 07652	83090256	\$60.80	PERSONAL INJURY PROTECTION 02/01/2008 - 02/01/2008 NJ EOB 234094- 3

## Payment Information

Date	Paid To	Mailed To	Check #	Amount	Comment
03/27/2008	SETH KANE	277 FOREST AVENUE PARAMUS, NJ 07652	83047054	\$32.00	PERSONAL INJURY PROTECTION 02/25/2008 - 02/25/2008 NJ EOB 245479- 2

## Payment Information

Date	Paid To	Mailed To	Check #	Amount	Comment
09/12/2008	ALLIANCE HAND & PHYSICAL THERAPY	24 BOOKER STREET WESTWOOD, NJ 07675	83462446	\$103.32	PERSONAL INJURY PROTECTION 04/09/2008 - 04/09/2008 NJ EOB 273440- 2

## Payment Information

Date	Paid To	Mailed To	Check #	Amount	Comment
05/01/2008	ALLIANCE HAND & PHYSICAL THERAPY	24 BOOKER STREET WESTWOOD, NJ 07675	83113128	\$12.25	PERSONAL INJURY PROTECTION 04/11/2008 - 04/11/2008 NJ EOB 285435- 1

## Payment Information

Date	Paid To	Mailed To	Check #	Amount	Comment
04/16/2008	ALLIANCE HAND &	24 BOOKER STREET	83085513	\$64.02	PERSONAL INJURY PROTECTION 04/07/2008 -



Medical Summary Print View

Case 1:10-cv-09212-JGK -DCF Document 13-5 Filed 02/17/11 Page 25 of 30

11/9/09 11:58 AM

THERAPY NJ 07675

1

**Payment Information**

Date	Paid To	Mailed To	Check #	Amount	Comment
03/21/2008	NORTH JERSEY PRIMARY CARE ASSOCIATES	PO BOX 34062 NEWARK, NJ 07189	83038048	\$\$69.91	PERSONAL INJURY PROTECTION 01/28/2008 - 01/28/2008 NJ EOB 245917- 1

**Payment Information**

Date	Paid To	Mailed To	Check #	Amount	Comment
03/17/2008	HACKENSACK RADIOLOGY GROUP, PA	PO BOX 27116 NEWARK, NJ 07101	83004906	\$\$29.67	PERSONAL INJURY PROTECTION 01/28/2008 - 01/28/2008 NJ EOB 240423- 1

**Payment Information**

Date	Paid To	Mailed To	Check #	Amount	Comment
03/13/2008	HACKENSACK UNIVERSITY MEDICAL CENTER	PO BOX 48027 NEWARK, NJ 07101	83000291	\$\$1,604.80	PERSONAL INJURY PROTECTION 01/28/2008 - 01/28/2008 NJ EOB 234096- 1



**SETH KANE, M.D., F.A.A.O.S**

277 FOREST AVENUE

SUITE 201

DIPLOMATE OF THE  
AMERICAN BOARD OF  
ORTHOPEDIC SURGERY

PARAMUS, NEW JERSEY 07652

(201) 261-7980

FAX: (201) 261-8050

ORTHOPEDIC SURGERY  
SPORTS MEDICINE**PATIENT NAME:** Pushkin, David  
**DATE OF VISIT:** February 1, 2008**CHIEF COMPLAINT:**

Follow-up back pain.

**HISTORY OF PRESENT ILLNESS:**

He, unfortunately, four days ago, was in a motor vehicle accident. He was rear ended when he was on his way to his teaching job. He estimates that the pickup truck that hit him was going 10-15 miles an hour and jarred him. He has had an increase in his back pain. He feels that there is more weakness in his left leg than pre. He is status post a very complex anterior and posterior spine surgery for decompression and fusion at L3 to the sacrum. He was seen at the emergency room at Hackensack Medical Center. He is on some Skelaxin. By the end of the day, especially as the week goes on, he gets more pain and has had to resort to using some of his old morphine pills. He has come back to part time teaching. This increased activity is contributing to the fatigue and the soreness by the end of the day, but this has been markedly aggravated by the accident over his baseline level. He is now 14 months post disk complex surgery. He has been slowly improving strength in his legs. The left is still prominently lagging behind the right, but he feels that he is gone backwards since the accident. He is now much more dependent on a cane. He also has been having fluctuations of fluid up and down over some months, which causes weight gain or loss. He is about to have an endocrine evaluation and may need some renal evaluation as well.

**PHYSICAL EXAMINATION:**

On examination now, he has really only mild lower back pain. He has prominent loss of motion of his back in all directions, but he reports this as not drain much different from his baseline post surgery. Straight leg raising is negative. Hip mobility is normal and pain-free. He does have some pains in the left leg. There is still atrophy of the left thigh muscles. There is some swelling, although a mild nature around his ankle. I have seen his left leg much more swollen at times. On strength testing, quadriceps, right 5-, left, 4-. Hamstring, right, 5-, left, 4-. The muscles about the toes, dorsiflexion, right 5, left 4. Plantarflexion, right 5, left 4. Peroneal right, 5-, left 3. Anterior tibial and posterior tibial right 5-, left 4.

Overall, I agree his leg muscles, especially the quadriceps, are not functioning quite as well as they were pre accident. His back pain is increased somewhat.





**SETH KANE, M.D., F.A.A.O.S**

RE: Pushkin, David  
February 1, 2008

Page 2

**DIAGNOSTIC STUDIES:**

I reviewed a whole series of x-rays from Hackensack Hospital, including an assortment of lumbar pictures, AP and lateral, obliques and pelvis. She has a very extensive anterior and posterior fusion at L3 down. There is an anterolisthesis of L5 on S1 but apparently the fusion extended across both SI joints as well.

**ASSESSMENT:**

I do not think that there has been any disruption of his complex surgery. I think this is all myofascial soft tissue injuries of a fortunately, fairly mild nature. I am concerned about definitely some decreased strength of the left leg, especially the quadriceps.

**PLAN:**

I will see him in three weeks. He will do exercising on his own. If enough pain and weakness persists compared to his baseline, then he may have to go to therapy.

---

Seth Kane, M.D., P.A.  
Job 2296  
SK/lac/tdk



**SETH KANE, M.D., F.A.A.O.S**

277 FOREST AVENUE

SUITE 201

DIPLOMATE OF THE  
AMERICAN BOARD OF  
ORTHOPEDIC SURGERY

PARAMUS, NEW JERSEY 07652  
(201) 261-7980  
FAX: (201) 261-8050

ORTHOPEDIC SURGERY  
SPORTS MEDICINE

**PATIENT NAME:** Pushkin, David  
**DATE OF VISIT:** February 25, 2008

**CHIEF COMPLAINTS:**

1. Lower thoracic, upper back pain.
2. Follow-up lower back pain.

**HISTORY OF PRESENT ILLNESS:**

Post motor vehicle accident, he has new pain in the lower thoracic to upper lumbar region. He has some modest increase in the lower lumbar pain, where he has had the old surgery and instrumentation 11 months ago. He feels his gait is a little more clumsy and at times, he gets tingly feelings down into his feet. He is still having issues with fluid retention in the legs. He is still walking with a cane but for short distances, he is carrying it more than using it.


**PHYSICAL EXAMINATION:**

On examination, he has poor sitting posture. There is tenderness diffusely in the lower thoracic to upper lumbar paraspinal muscles bilaterally. He has tenderness directly over the lower hardware pins distally, which is exacerbated since the car accident. Range of motion of the back is prominently limited, but not particularly changed. He has significant residual weakness of the muscles much more on the left side, but not dramatically different than his motor examination pre-accident. He is walking with a somewhat wide-based gait. There is edema of the left leg to a moderate degree.

**ASSESSMENT/PLAN:**

The plan is to send him to physical therapy to try to get him back to his pre-accident level as quickly as possible. I think the new injuries are soft tissue and not structural.

I will see him in a month.

  
**Seth Kane, M.D., P.A.**  
Job 2482  
SK/lac/tdk





10 East Stow Road, Suite 100  
Marlton, NJ 08053  
856-596-5600 P  
856-596-6300 F  
[www.premierprizm.com](http://www.premierprizm.com)

April 12, 2008

DAVID B PUSHKIN  
200 WINSTON DR  
APT 812  
CLIFFSIDE PARK  
NJ 07010

Claim #: 0236794150101016  
DOL: January 28, 2008  
Request ID: 182030

At the request of your insurance company, an Orthopedics Independent Medical Examination has been scheduled for you on **May 19, 2008 at 1:45 PM** with:

Dr. Menachem Y. Epstein  
130 Kindermack Rd Suite 305  
River Edge, NJ 07661  
(201) 342-4566

If you need directions to the physician's office, please contact the physician's office directly. The physician's office requires at least 72 hours advance notice to reschedule an appointment. **If you are unable to keep this appointment please contact our office immediately at (856) 596-5600 extension .** Do not cancel or reschedule this appointment directly with the physician's office as they are not authorized to make schedule changes. Failure to cooperate and appear for this scheduled examination may result in a suspension of your medical benefits for this claim.

In order for a thorough and meaningful examination to take place, it is necessary that you bring with you all X-rays, MRI's and/or CAT Scans which may have been taken. Please also bring photo identification to the examination.

All fees related to this appointment will be paid by your insurance carrier. Please do not give or accept payment information at the time of the examination.

Thank you for attending this Independent Medical Examination.

Sincerely,

IME Department  
Premier Prizm Solutions, LLC.  
cc: Adjuster: Dominic Spaventa, GEICO  
Attorney:

***Launching Our Technology to YOUR FUTURE!***



**SETH KANE, M.D., F.A.A.O.S**

277 FOREST AVENUE

SUITE 201

DIPLOMATE OF THE  
AMERICAN BOARD OF  
ORTHOPEDIC SURGERY

PARAMUS, NEW JERSEY 07652  
(201) 261-7980  
FAX: (201) 261-8050

ORTHOPEDIC SURGERY  
SPORTS MEDICINE

**PATIENT NAME:** Pushkin, David  
**DATE OF VISIT:** April 28, 2008

**CHIEF COMPLAINT:**  
Left lower extremity pain.

**HISTORY OF PRESENT ILLNESS:**

He is now three months post motor vehicle accident and about a year post anterior and posterior complex decompression and fusion of his lumbar spine. He and I had a very long talk today. His main problem now is progressively he gets edema of the left leg up to the knee as the day goes on. When he first gets up in the morning, he does not have leg pain. As the edema gradually developed during the day, he does develop leg pain. He still gets around with a cane. He has a degree of back pain. He has been going to therapy; the therapy helps his back, but does not make any difference for his leg.

**PHYSICAL EXAMINATION:**


On examination, he is more comfortable today than I have seen him previously and he agrees with this. He has grade 4+/5 quadriceps strength on the left and hamstring strength is the same. Anterior, posterior tibial, peroneal and gastrocnemius soleus strength is now pushing 5/5 which is certainly improved. I am seeing him early in the afternoon and he has not been on his feet much today and he has his stockings on and has only very slight edema around the ankle. By the end of the day, his ankle and calf are massively swollen by his description.

**ASSESSMENT:**

After our discussion, he and I pretty much agree that his muscle power is now better than it was pre-car accident. The back pain is at an acceptable level. The leg edema progressing during the day is his worst problem.

**PLAN:**

I am recommending he go back to the vascular surgeon again. Options would be go back on Lasix and possibly a more rigid compressive support stocking. The question is whether there is anything else that can be offered for his veins, which presumably are not working well. He should continue with the home exercise program but the current plan is to let the therapy lapse. He is seeing Dr. Park for pain management, who has him on the combination of several medications.

  
Seth Kane, M.D., P.A.  
Job 3103  
SK/tdk





May. 27. 2008 1:49PM

2008-05-27 14:07:02 Page 1 of 4

No. 1101 P. 1

**Menachem Y. Epstein, M.D.**  
**Orthopedic Surgery**

CENTRAL OFFICE  
130 Kinderkamack Road  
River Edge, NJ 07661  
Tel: 201-342-4588  
Fax: 201-342-4054

May 22, 2008

Premier Prizm Solutions  
10 East Stow Road  
Suite 100  
Marlton, New Jersey 08053

Claimant: Pushkin, David  
Claim No: 0238794150101016  
Request No: 182030  
D/A: January 28, 2008

**To Whom It May Concern:**

Dr. David Pushkin was examined at your request on May 19, 2008 at my River Edge, New Jersey office. He was identified by New Jersey driver license photo ID number P9435 15662 03632. This is a report of an independent orthopedic evaluation following a motor vehicle accident. Dr. Pushkin is a 45-year-old male born on March 21, 1963.

**Chief complaint at time of examination:** Dr. Pushkin stated that he has pain in the sacral area and left leg and occasional scapular and sternum pain. Dr. Pushkin stated that the accident "exacerbated the previous condition."

**History of present injury:** Dr. Pushkin stated that he was involved in a motor vehicle accident on January 28, 2008. At the time of the accident, Dr. Pushkin was reportedly the restrained driver of a vehicle that was stopped at the North Paramus Road exit on Rt. 4 West in Paramus, New Jersey when struck in the rear by another vehicle (noted in records as a pick-up truck). There was no reported loss of consciousness; however Dr. Pushkin did report having felt slightly dazed. He stated that he sustained injuries to the back. Dr. Pushkin drove to the Emergency Room of Hackensack University Medical Center where he was evaluated and x-rays of the thoracic and lumbar spine were done. He was treated with medication and released from the emergency room after four hours that same day.

**Follow Up:** Dr. Pushkin was treated by Dr. Seth Kane, orthopedic surgeon, and Dr. Kenneth Park, pain management. X-rays of the lumbar spine were done at Hackensack University Medical Center (see Imaging). Dr. Pushkin was treated with physical therapy at Alliance Hand and Physical Therapy. He stated that he has been treating with oxymorphone 5 mg three times daily since April 2008 for a spinal infection, MRSA infection and DVT. He is no longer receiving physical therapy treatment. Current medications include Amrix 30 mg, Opana (oxymorphone) ER 5 mg bld, and Opana IR 5 mg prn.

**Medical and Social History:** Dr. Pushkin denied any previous similar accidents or injuries. He acknowledged previous neck and back pain for which he received treatment. Medical history is significant for mild hypertension and prostate and testicular cancer in 1991 treated with chemotherapy and radiation.



27. 2008 1:50PM

2008-05-27 14:07:02 Page 2 of 4

No. 1101 P. 2

Re: Pushkin, David

Surgical history is significant for hernia repair in 1965, colon resection in 1999, and anterior and posterior spine surgery with fusion at L3 to sacrum performed by Dr. Andrew Casden at Beth Israel Hospital in March 2007. Dr. Pushkin does not smoke cigarettes. He drinks two glasses of red wine per week.

**Employment History:** Dr. Pushkin is currently working part-time as a college professor teaching chemistry/physics, as he was at the time of the accident. He has worked in this capacity for 25 years. Dr. Pushkin reported having lost no time from work as a result of the accident in question.

**Physical Examination:** Dr. Pushkin is a 45-year-old, right-handed male who is 5' 8" tall, weighs 190 lbs. with brown hair and brown eyes. He was alert and cooperative. He walked with a limp to the left complaining of left leg weakness. Dr. Pushkin was able to walk on heels and toes with slight instability. He was able to mount the examination table. Dr. Pushkin drove to the office for today's examination. Examination was limited to the lumbosacral spine.

The ranges of motion tests were measured visually or by a goniometer. The visual examination is performed by moving the joints passively or actively to the maximally possible motion, which represents then a full range of motion. Incomplete motion is measured with a goniometer. The normal values were listed in accordance with the Guidelines of the American Academy of Orthopedic Surgeons (from The Clinical Measurement of Joint Motion 1994), as well as in the AMA Guidelines to the Evaluation of Permanent Impairment, 6th Edition. The measurements could represent a normal variation due to age, gender, and body mass. These variations are evaluated by comparison to the normal and unaffected sides. All measurements of the ranges of motion were obtained without forcing Dr. Pushkin to move beyond the point where pain was expressed.

**Lumbosacral Spine:** Dr. Pushkin is status post anterior and posterior spine surgery of decompression and fusion at L3 to sacrum with a visible 7" surgical scar and a painful bulge at the left S1 joint. Dr. Pushkin has kyphoscoliosis of the dorsal spine. He had reduced range of motion about the lumbosacral spine with 55/90 degrees flexion (90 normal), 30/30 degrees extension (30 normal), 30/30 degrees lateral bending (30 normal), and 30/30 degrees rotation (30 normal). There was slight focal vertebral tenderness to palpation and no paraspinal tenderness as a sign of muscle spasm. Straight leg raising was pain free and normal at 60/60 degrees bilaterally from a supine position (60 normal) and 90/90 degrees bilaterally from a sitting position (90 normal). The chin to chest and Lasegue's tests were negative. There are no sciatic stretch pain, motor or sensory deficits in the lower extremities.

**Reflexes:** Reflexes in the lower extremities (patellar and Achilles) were normal +2.

**Imaging Studies:** I have had the opportunity to review the following imaging films brought by Dr. Pushkin to today's examination:

- X-ray films from Hackensack University Hospital for date of service January 28, 2008 which I read as showing large bilateral lumbar spine plates with large 4 laminar screws on each side, graft cages and extension of a large screw to the sacroiliac joint. On the left side the S1 screw is bulging and painful.



27. 2008 1:50PM

2008-05-27 14:07:02 Page 3 of 4

No. 1101 P. 3

Re: Pushkin, David

Review of records: I have had the opportunity to review the following medical records:

- Medical records from Dr. Seth Kane, orthopedic surgeon, dated February 1, 2008 through April 28, 2008. Letter of medical necessity dated February 25, 2008.
- General Evaluation report from Alliance Hand and Physical Therapy dated April 7, 2008.
- Assorted Decision Point Review/Pre-certification Request from Premier Prism Solutions.
- Assorted C-1500 and ATPT Forms.

Impression and IME Issues

A comprehensive orthopedic evaluation of the lumbar spine was conducted on Dr. Pushkin pertinent to the motor vehicle accident on January 28, 2008.

Dr. Pushkin has a history of severe spinal stenosis and multilevel spondylolisthesis with status post major spine surgery, unrelated to the motor vehicle accident in question, as well as postoperative spinal infection treated with IV antibiotics and with narcotics medication for pain. I find that most of the pain originates in the bulging screw on the left S1 area with mild focal vertebral pain added by the spinal contusion from the recent accident.

Diagnosis: Recent lumbar contusion superimposed on previous major spinal surgery with postoperative infection, bulging and painful S1 joint screw left side.

Further orthopedic treatment, including physical therapy three times weekly for four weeks; recommended evaluation by spine surgeon to rule out residual injury; removal of screw by a spine surgeon, unrelated to the accident in question.

Causal relationship of accident to current lumbar pain is verified; which is superimposed on residual pain from a previous spinal major surgical procedure.

Pre-existing conditions: History of severe stenosis and spondylolisthesis; status post anterior and posterior spine surgery with fusion at L3 to sacrum performed by Dr. Andrew Casden at Beth Israel Hospital in March 2007.

MMI: not achieved.

At the conclusion of the examination, Dr. Pushkin left in the same condition as noted upon arrival. No dissatisfaction with the examination was expressed.



27. 2008 1:50PM


2008-05-27 14:07:02 Page 4 of 4

No. 1101 P. 4

Re: Pushkin, David

I, Menachem Y. Epstein, MD, a licensed physician in New York license # 120713 and New Jersey license # 31279 certify and affirm that: 1) the above report is my own; 2) The statements contained herein are true and accurate to the best of my knowledge under the penalty of perjury; pursuant to CPLR 2106. 3) The above claimant was examined in accordance with the restrictive rules concerning an Independent Medical Examination. No doctor-patient relationship exists or is implied by this examination, and no treatment was administered or specifically suggested. Furthermore, the claimant was examined with reference to a claim of one or more specific, accident-related personal injury (injuries) related to the specific insurance claim under consideration. Any other medical complaints that are unreported or unrelated to this subject insurance claim are beyond the scope of this examination. Testimony by telephone and court appearance testimony is available by appointment.

Sincerely,

  
Menachem Y. Epstein, MD

Fellow, American Academy of Orthopedic Surgeons

MYE:taa







10 East Stow Road, Suite 100  
Marlton, NJ 08053  
856-596-5600 P  
856-596-6300 F  
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June 25, 2008

DAVID B PUSHKIN  
200 WINSTON DR  
APT 812  
CLIFFSIDE PARK  
NJ 07010

**Re-Evaluation Appointment**

Claim #: 0236794150101016  
DOL: January 28, 2008

Dear Mr. PUSHKIN:

At the request of your insurance company, an Orthopedics Independent Medical Exam for Re-Evaluation has been scheduled for you on **July 28, 2008 at 4:00 PM** with:

Dr. Menachem Y. Epstein  
130 Kindermack Rd Suite 305  
River Edge, NJ 07661  
(201) 342-4566

If you need directions to the physician's office, please contact the physician's office directly. The physician's office requires at least 72 hours advance notice to reschedule an appointment. **If you are unable to keep this appointment please contact our office immediately at (856) 596-5600 extension .** Do not cancel or reschedule this appointment directly with the physician's office as they are not authorized to make schedule changes. Failure to cooperate and appear for this scheduled examination may result in a suspension of your medical benefits for this claim.

In order for a thorough and meaningful examination to take place, it is necessary that you bring with you all X-rays, MRI's and/or CAT Scans which may have been taken. Please also bring photo identification to the examination.

All fees incurred related to this appointment will be paid by your insurance carrier. Please do not give or accept payment information at the time of the examination.

Thank you for attending this Independent Medical Examination.

Sincerely,

IME Department  
Premier Prizm Solutions, LLC.  
cc: Adjuster: Dominic Spaventa, GEICO  
Attorney:

***Launching Our Technology to YOUR FUTURE!***



01/15/2010 12:43 FAX

CEICO

002/005

Jul. 31. 2008 2:22PM

2008-07-31 14:25:51 Page 1 of 8

No. 2150 P. 1/8

**Menachem Y. Epstein, M.D.**  
**Orthopedic Surgery**

**CENTRAL OFFICE**  
130 Kinderkamack Road  
River Edge, NJ 07661  
Tel: 201-342-4555  
Fax: 201-342-4054

July 31, 2008

Premier Prism Solutions  
10 East Stow Road  
Suite 100  
Marlton, New Jersey 08053

Claimant: Pushkin, David  
Claim No: 0236794150101016  
Request No: 241910  
D/A: January 28, 2008

**To Whom It May Concern:**

Dr. David Pushkin was re-examined at your request on July 28, 2008 at my River Edge, New Jersey office. I initially examined him on May 19, 2008. He was identified by New Jersey driver license photo ID number P9435 15862 03032. This is a report of an independent orthopedic re-evaluation following a motor vehicle accident. Dr. Pushkin is a 45-year-old male born on March 21, 1963.

**Chief complaint at time of examination:** Dr. Pushkin stated that he has the same complaints of pain in the sacral area and left leg and occasional scapular and sternum pain. Dr. Pushkin stated that the accident "exacerbated the previous condition" as stated in the May 19, 2008 examination.

**History of present injury:** Dr. Pushkin stated that he was involved in a motor vehicle accident on January 28, 2008. At the time of the accident, Dr. Pushkin was reportedly the restrained driver of a vehicle that was stopped at the North Paramus Road exit on Rt. 4 West in Paramus, New Jersey when struck in the rear by another vehicle (noted in records as a pick-up truck). There was no reported loss of consciousness; however Dr. Pushkin did report having felt slightly dazed. He stated that he sustained injuries to the back. Dr. Pushkin drove to the Emergency Room of Hackensack University Medical Center where he was evaluated and x-rays of the thoracic and lumbar spine were done. He was treated with medication and released from the emergency room after four hours that same day.

**Follow Up:** Dr. Pushkin was treated by Dr. Seth Kane, orthopedic surgeon, Dr. Kenneth Park, pain management, Dr. Mario Vukic, neurologist, and Dr. Andrew Casden, orthopedic spine surgeon. X-rays of the lumbar and thoracic spine were done at Hackensack University Medical Center (see Imaging). He had an EMG/NCV of the lower extremity by Dr. Vukic on July 18, 2008. Dr. Pushkin was treated with physical therapy at Alliance Hand and Physical Therapy. He stated that he has been treating with oxymorphone 5 mg three times daily since April 2008 for a spinal infection, MRSA infection and DVT. He is no longer receiving physical therapy treatment. Dr. Pushkin stated that he walks 45 minutes daily. Dr. Pushkin presently continues under the care of Dr. Casden and Dr. Park.

07/31/2008 2:25PM (GMT-04:00)



01/15/2010 12:43 FAX

CEICO

003/008

Jul. 31. 2008 2:22PM

2008-07-31 14:25:51 Page 2 of 8

No. 2150 P. 2/8

Re: Pushkin, David

Current medications include Amrix 30 mg, Opana (Oxymorphone) ER 5 mg bid, and Opana IR 5 mg prn, Celebrex 200 mg bid daily. Dr. Pushkin reported taking pain medication prior to today's examination.

**Medical and Social History:** Dr. Pushkin denied any previous similar accidents or injuries. He acknowledged previous neck and back pain for which he received treatment. Medical history is significant for mild hypertension and prostate and testicular cancer in 1991 treated with chemotherapy and radiation. Surgical history is significant for hernia repair in 1985, colon resection in 1999, and anterior and posterior spine surgery with fusion at L3 to sacrum performed by Dr. Andrew Casden at Beth Israel Hospital in March 2007. Dr. Pushkin does not smoke cigarettes. He drinks two glasses of red wine per week.

**Employment History:** Dr. Pushkin is currently working part-time as a college professor teaching chemistry/physics, as he was at the time of the accident. He has worked in this capacity for 25 years. Dr. Pushkin reported having lost no time from work as a result of the accident in question.

**Physical Examination:** Dr. Pushkin is a 45-year-old, right-handed male who is 5' 8" tall, weighs 190 lbs, with brown hair and brown eyes. He was alert and cooperative. He walked with a steady, non-impaired gait pattern, with the use of a cane. Dr. Pushkin was able to walk on heels and toes and mount the examination table easily. Dr. Pushkin drove to the office for today's examination. Examination was limited to the lumbosacral spine.

The ranges of motion tests were measured visually or by a goniometer. The visual examination is performed by moving the joints passively or actively to the maximally possible motion, which represents then a full range of motion. Incomplete motion is measured with a goniometer. The normal values were listed in accordance with the Guidelines of the American Academy of Orthopedic Surgeons (from The Clinical Measurement of Joint Motion 1994), as well as in the AMA Guidelines to the Evaluation of Permanent Impairment, 6th Edition. The measurements could represent a normal variation due to age, gender, and body mass. These variations are evaluated by comparison to the normal and unaffected sides. All measurements of the ranges of motion were obtained without forcing Dr. Pushkin to move beyond the point where pain was expressed.

**Lumbosacral Spine:** Dr. Pushkin is status post anterior and posterior spine surgery of decompression and fusion at L3 to sacrum with a visible 7" surgical scar and a slightly painful bulge at the left S1 joint. Dr. Pushkin has kyphoscoliosis of the dorsal spine. He had reduced active range of motion about the lumbosacral spine with 60/90 degrees flexion (90 normal), 30/30 degrees extension (30 normal), 30/30 degrees lateral bending (30 normal), and 30/30 degrees rotation (30 normal). Dr. Pushkin was able to bend to 12" from the floor. There was no focal vertebral tenderness to palpation and no paralumbar tenderness as a sign of muscle spasm. Straight leg raising was pain normal at 60/60 degrees bilaterally from a supine position (60 normal) and 90/90 degrees bilaterally from a sitting position (90 normal). Left leg pain was noted on motion of the lower extremity. The chin to chest and Lasegue's tests were negative. There are no antalgic scoliosis, sciatic stretch pain, motor or sensory deficits in the lower extremities.



01/16/2010 12:44 FAX

GBICO

004/008

Jul. 31. 2008 2:22PM

2008-07-31 14:25:51 Page 3 of 8

No. 2150 P. 3/8

Re: Pushkin, David

**Reflexes:** Reflexes in the left knee were 0, right knee, left ankle and right ankle were +2. Quadriceps strength was normal at 5/5.

**Imaging Studies:** I have had the opportunity to review the following imaging study reports:

- Report of CT lumbar myelogram from Best Israel Center for date of service June 3, 2008; Impression: 1. Status post laminectomy at L3, L4, L5 levels and anterior, posterior spinal fusions from L2 to S1. 2. Slight constriction of the contrast medium column at L5-S1 level. 3. An anterior extradural defect is seen at L1-L2 level. 4. Grade II spondylolisthesis of L5 vertebral body in relations to S1.
- Report of Post-Myelographic CT Scan of the lumbosacral spine from Best Israel Center for date of service June 3, 2008; Impression: 1. Status post laminectomy at L3, L4, L5 levels and anterior, posterior spinal fusions from L2 to S1. 2. Slight posterior disc bulging at L1-L2 level with a posterolateral herniated disc on the left side. 3. A small anterolateral extradural mass at L2-L3 level on the left side, probably representing a small posterolateral herniated disc. 4. Slight spinal stenosis at L5-S1 level. 5. Grade II spondylolisthesis of L5 in relations to S1.
- Report of x-ray lumbar spine from Hackensack University Medical Center for date of service January 28, 2008; Impression: 1. there is normal alignment except for anterolisthesis of L5 on S1. 2. There is extensive lumbar fusion hardware with anterior and posterior fusions as described above. Based on my numbering, there is moderate anterolisthesis of L5 on S1. 3. Probable small bone island associated with the right iliac bone. However, this is a nonspecific density. 4. There are laminectomies associated with the posterior fusions at about L3, L4 and L5.
- Report of x-ray thoracic spine from Hackensack University Medical Center for date of service January 28, 2008; Impression: The uppermost thoracic vertebral bodies are not seen on the lateral view. No thoracic compression deformities.
- Report of a bone scan by Dr. Jacqueline Brunetti for date of service June 26, 2008; Impression: probable post surgical changes in the lumbar spine. Normal activity in the rib cage.
- Report of EMG/NCV study of the lower extremity from Dr. Mario Vukic with Hackensack Neurology Group for date of service July 18, 2008; Impression: This is an abnormal study with electrophysiologic evidence of a lumbosacral polyradiculopathy.

**Review of records:** I have had the opportunity to review the following medical records:

- My orthopedic IME for date of service May 19, 2008; diagnosis: Recent lumbar contusion superimposed on previous major spinal surgery with postoperative infection; bulging and painful S1 joint screw left side.
- Medical records from Alliance Hand and Physical Therapy dated April 7, 2008, April 9, 2008, April 11, 2008, April 26, 2008 and April 28, 2008.





01/15/2010 12:44 FAX

GBICO

0000005

Jul. 31. 2008 2:23PM

2008-07-31 14:25:51 Page 4 of 8

No. 2150 P. 4/8

Re: Pushkin, David

- Assorted Decision Point Review/Precertification requests from Premier Prism Solutions.
- Assorted billing.

Impression and IME Issues

A comprehensive orthopedic evaluation was conducted on Dr. Pushkin pertinent to the motor vehicle related accident on January 28, 2008. Significant back pain and left leg pain has slight probability of causality to the car accident and the pain is related to previous spine fusion (aggravated pre-existing severe spinal condition).

**Diagnosis:** Status post spine fusion (unrelated) with residual back and left leg pain, back pain due to exacerbation of the pain due to the car accident.

Currently no active PT treatment, related to the car accident is given. Dr. Pushkin walks 45 minutes in lieu of PT. Previous treatment of PT and pain medication was causally indicated. Currently pain medication use is related in my opinion to the spinal fusion with aggravation by the car accident.

Dr. Pushkin requires pain management for his pain medication for eight additional weeks.

Causal relationship of accident to current lumbar pain is verified; which is superimposed on residual pain from a previous major spinal surgical procedure.

Pre-existing conditions: History of severe stenosis and spondylolisthesis; status post anterior and posterior spine surgery with fusion at L3 to sacrum performed by Dr. Andrew Casden at Beth Israel Hospital in March 2007.

MMI status not yet achieved with regards to the car accident but is anticipated in 6 weeks.

At the conclusion of the examination, Dr. Pushkin left in the same condition as noted upon arrival. No dissatisfaction with the examination was expressed.

I, Menachem Y. Epstein, MD, a licensed physician in New York license # 120713 and New Jersey license # 21278 certify and affirm that: 1) the above report is my own; 2) The statements contained herein are true and accurate to the best of my knowledge under the penalty of perjury; pursuant to CPLR 2106, 3) The above claimant was examined in accordance with the restrictive rules concerning an Independent Medical Examination. No doctor-patient relationship exists or is implied by this examination, and no treatment was administered or specifically suggested. Furthermore, the claimant was examined with reference to a claim of one or more specific, accident-related personal injury (injuries) related to the specific insurance claim under consideration. Any other medical complaints that are unreported or unrelated to this subject insurance claim are beyond the scope of this examination. Testimony by telephone and court appearance testimony is available by appointment.

Sincerely,

Menachem Y. Epstein, MD  
Fellow, American Academy of Orthopedic Surgeons

MYE:ap



Case 1:10-cv-09212-JGK -DCF

**GEICO**  
geico.com

Document 13-6 Filed 02/17/11 Page 10 of 30  
■ Government Employees Insurance Company  
■ GEICO General Insurance Company  
■ GEICO Indemnity Company  
■ GEICO Casualty Company

*DP copy*

750 Woodbury Road  
Woodbury, NY 11797-2519

08/08/2008

Date Loss Reported to GEICO: 01/28/2008

David Pushkin  
200 Winston Dr  
Cliffside Park, NJ 07010-3214

Company Name: Government Employees Insurance Company  
Claim Number: 023679415-0101-016  
Loss Date: Monday, January 28, 2008  
Policyholder: David Pushkin  
Policy Number: 2010349807  
Injured Party: David Pushkin

Dear David Pushkin,

Based on the result of an Independent Medical Examination performed by Dr. Dr. Epstein on 07/28/2008, it has been determined that David Pushkin has reached maximum medical improvement for Orthopedic treatment for injuries resulting from this loss.

Accordingly, all Orthopedic treatment will be denied effective 08/11/2008.

Should you have any further questions or require additional information, please feel free to contact me at the number below.

Sincerely,

Dominic Spaventa, Examiner Code LAF5  
(800)301-1390x4554  
Claims Department

cc: Alliance Hand & Physical Therapy  
North Jersey Primary Care Associates



GEICO NJ PIP  
PO Box 986 Marlton, NJ 08053

PUSHKIN, DAVID B.  
300 State Highway Route 3 East  
Suite 114  
East Rutherford, NJ 07073

Claim#: 0236794150101016  
Date Received: 12/14/2009 4:43:37 PM  
Start DOS: 8/27/2009  
End DOS: 10/27/2009  
Charged Amount: \$752.91  
Patient Responsibility: \$105.41  
EOB ID#: 863702-2  
TIN: 22-2509067  
Payment Amount: \$421.63  
Provider Name: Vukic, Mario  
Provider Address: 211 Essex Street  
Suite 202  
Hackensack, NJ 07601

GEICO NJ PIP  
PO Box 986 Marlton, NJ 08053

Vukic, Mario  
211 Essex Street  
Suite 202  
Hackensack, NJ 07601





## Explanation of Benefits

Insurance Company: **GEICO NJ PIP**  
**PO Box 986**  
**Marlton, NJ 08053**

Claim Number: **0236794150101016**  
 Date of Injury: **28-Jan-08**

Adjuster: **Fuge, Gina**

Provider TIN: **222509067**

Provider: **Vukic, Mario**  
**211 Essex Street**  
**Suite 202**  
**Hackensack, NJ 07601**

Patient: **PUSHKIN, DAVID B.**  
**300 State Highway Route 3 East**  
**Suite 114**  
**East Rutherford, NJ 07073**

Account Number: **066489A**

DOS From **8/27/2008** To: **10/27/2009**

ICD-9 Code **724.4** **THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS**  
**UNSPECIFIED**

Date of Service	Procedure Code and Description	Units	Billed Amount	FS/UCR Reduction	Statutory Reduction	Discount Amount	Deductible Applied	Copay Applied	SubTotal	Penalty	Total Allowance	Explanation
08/27/2008	99213 OFFICE OUTPT EST15 MIN	1	69.87	0.00	0.00	17.96	0.00	8.38	33.53	0.00	33.53	615, 818, 702
08/21/2008	99254 1ST INPT CONSLTJ 80 MIN	1	202.75	0.00	0.00	60.82	0.00	28.38	113.54	0.00	113.54	615, 702
09/22/2008	99231 SBSQ HOSP CARE PR D 15 MIN	1	80.00	23.90	0.00	0.10	0.00	11.20	44.80	0.00	44.80	615, 702, 101
08/23/2008	99231 SBSQ HOSP CARE PR D 15 MIN	1	80.00	23.90	0.00	0.10	0.00	11.20	44.80	0.00	44.80	615, 702, 101
09/25/2008	99231 SBSQ HOSP CARE PR D 15 MIN	1	80.00	23.90	0.00	0.10	0.00	11.20	44.80	0.00	44.80	615, 702, 101
10/27/2008	99244 OFFICE CONSLTJ 80 MIN	1	250.29	56.33	0.00	18.76	0.00	35.04	140.16	0.00	140.16	615, 803, 702, 101
Total:			752.91	128.03	0.00	97.84	0.00	105.41	421.63	0.00	421.63	

Patient Responsibility:

Deductible

0.00

Copay

106.41

Amount Due:

421.63





Explanation Codes

101 The fees for this service exceed the amount allowed according to the state Fee Schedule.  
 615 The fees for this service have been reduced according to the PHS(GALAXY\_HEALTH) PPO Network. For questions, contact Prime Health at (866) 348-3887.  
 702 Copay Applied  
 803 Documentation does not meet key components for the level of E/M service billed. CPT code has been modified.  
 818 This CPT code has been reviewed and agreed upon during a code review.

This bill has been reviewed in accordance with New Jersey Automobile Medical Fee Regulations.

Questions regarding this review may be directed to:

Premier Pritzn Solutions  
 P.O. Box 986  
 Marlton, NJ 08053

Phone: 856 596-5600  
 Fax: 856 596-6300

Date Received: 14-Dec-09  
 Date Processed: 21-Dec-09  
 Bill ID: 863702-2

NO HEALTH CARE PROVIDER MAY DEMAND OR REQUEST ANY PAYMENT FROM ANY PERSON IN EXCESS OF THOSE PERMITTED BY N.J.A.C. 11:3-29, AND NO PERSON IS LIABLE TO ANY HEALTH CARE PROVIDER FOR ANY MONEY WHICH RESULTS FROM THE CHARGING OF FEES IN EXCESS OF THOSE PERMITTED BY N.J.A.C. 11:3-29 PURSUANT TO N.J.S.A. 39:6A-4.6.

NOTE: AS OF JANUARY 1, 1995, MEDICAL FEE SCHEDULES APPLY TO OUTPATIENT SERVICES PROVIDED BY HOSPITAL OR REHABILITATION FACILITIES.

Please reference GEICO's Decision Point Review/Pre-Cert Plan for all details regarding all requirements for our Internal Appeals Process, Assignment of Benefits Provisions, and Dispute Resolution. This can be accessed at [www.PremierPritzn.com](http://www.PremierPritzn.com).

**ALL APPEALS MUST BE MAILED TO THE ABOVE ADDRESS.**

cc to Attorney:

Walkin, Seth  
 75 Essex Street  
 Hackensack, NJ 07601



GEICO NJ PIP  
PO Box 986 Marlton, NJ 08053

PUSHKIN, DAVID B.  
200 Winston Drive  
Apt 812  
Cliffside Park, NJ 07010

Claim#: 0236794150101016  
Date Received: 1/14/2010 9:19:10 AM  
Start DOS: 9/17/2009  
End DOS: 9/17/2009  
Charged Amount: \$5437.80  
Patient Responsibility: \$0.00  
EOB ID#: 901160-2  
TIN: 22-1487322  
Payment Amount: \$0.00  
Provider Name: Holy Name Hospital  
Provider Address: 718 TEANECK ROAD

Teaneck, NJ 07666

GEICO NJ PIP  
PO Box 986 Marlton, NJ 08053

Holy Name Hospital  
718 TEANECK ROAD

Teaneck, NJ 07666





## Explanation of Benefits

Insurance Company: GEICO NJ PIP  
PO Box 986  
Marlton, NJ 08053

Adjuster: Fuge, Gina

Provider: Holy Name Hospital  
718 TEANECK ROAD  
Teaneck, NJ 07666

Account Number:

ICD-9 Code Diagnosis Description  
Not Specified

Claim Number: 0236794150101016  
Date of Injury: 28-Jan-08

Provider TIN: 221487322  
Patient: PUSHKIN, DAVID B.  
200 Winston Drive  
Apt 812  
Cliffside Park, NJ 07010

DOS From: 9/17/2009 To: 9/17/2009

Date of Service	Procedure Code and Description	Units	Billed Amount	FS/UCR Reduction	Statutory Reduction	Discount Amount	Deductible Applied	Copy Applied	SubTotal	Penalty	Total Allowance	Explanation
09/17/2009	Invalid Procedure Code	1	2.01	2.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	301
09/17/2009	Invalid Procedure Code	1	51.79	51.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	301
09/17/2009	Invalid Procedure Code	1	1,696.00	1,696.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	301
09/17/2009	Invalid Procedure Code	1	2,766.00	2,766.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	301
09/17/2009	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST >1 HOUR	1	922.00	0.00	922.00	0.00	0.00	0.00	0.00	0.00	0.00	823
Total:			6,437.80	4,515.80	922.00	0.00	0.00	0.00	0.00	0.00	0.00	
Patient Responsibility:			Deductible	0.00	Copy		0.00	Amount Due:		0.00		



Explanation Codes

301 According to the current coding books, the CPT/HCPCS code is not a valid code for the year the services were billed. Please resubmit your bill with a valid CPT/HCPCS code for processing.

823 No documentation was submitted for this CPT code. Please submit documentation for further review of this CPT code.

This bill has been reviewed in accordance with New Jersey Automobile Medical Fee Regulations.

Questions regarding this review may be directed to:

Premier Ptzsm Solutions  
P.O. Box 966  
Marlton, NJ 08053

Phone: 856 596-5600  
Fax: 856 596-6300

Date Received: 14-Jan-10  
Date Processed: 09-Feb-10  
Bill ID: 901160-2

NO HEALTH CARE PROVIDER MAY DEMAND OR REQUEST ANY PAYMENT FROM ANY PERSON IN EXCESS OF THOSE PERMITTED BY N.J.A.C. 11:3-29, AND NO PERSON IS LIABLE TO ANY HEALTH CARE PROVIDER FOR ANY MONEY WHICH RESULTS FROM THE CHARGING OF FEES IN EXCESS OF THOSE PERMITTED BY N.J.A.C. 11:3-29 PURSUANT TO N.J.S.A. 39:6A-4.6.

NOTE: AS OF JANUARY 1, 1995, MEDICAL FEE SCHEDULES APPLY TO OUTPATIENT SERVICES PROVIDED BY HOSPITAL OR REHABILITATION FACILITIES.

Please reference GEICO's Decision Point Review/Pre-Cert Plan for all details regarding all requirements for our Internal Appeals Process, Assignment of Benefits Provisions, and Dispute Resolution. This can be accessed at [www.PremierPtzsm.com](http://www.PremierPtzsm.com).

**ALL APPEALS MUST BE MAILED TO THE ABOVE ADDRESS.**

cc to Attorney:

Malikin, Seth  
75 Essex Street  
Hackensack, NJ 07601







718 Teaneck Road  
Teaneck, NJ 07666

# STATEMENT OF ACCOUNT

IMPORTANT  
SEE REVERSE SIDE FOR  
INSURANCE INFORMATION

For your convenience, you can review, update, or pay your  
account online at <http://www.holyname.org/patientaccounts>.

GUARANTOR:



000216 0.5380 AT 0.357  
BETH NUSSBAUM  
200 WINSTON DRIVE APT 812 2962748D  
CLIFFSIDE PARK, NJ 07010-3214

TR00003

PATIENT NAME <b>PUSHKIN, DAVID</b>		PAGE NO. <b>1</b>	
STATEMENT DATE <b>1/03/10</b>	ACCT NO. <b>2962748</b>	PT. TYPE <b>D</b>	
SELECT PAYMENT METHOD	<input checked="" type="checkbox"/> DISCOVER <input type="checkbox"/> DISCOVER <input type="checkbox"/> VISA <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		
CARD/CHECK NUMBER	EXP. DATE		
SIGNATURE	AMT. DUE FROM PATIENT <b>5,437.80</b>		

AMOUNT ENCLOSED \$ \_\_\_\_\_



**BUSINESS OFFICE  
HOLY NAME HOSPITAL  
718 TEANECK ROAD  
TEANECK, NJ 07666-4281**

DETACH ALONG PERFORATION AND RETURN THIS STUB WITH PAYMENT USING THE  
ENCLOSED ENVELOPE. MAKE SURE THE RETURN ADDRESS SHOWS THROUGH THE WINDOW.

IMPORTANT NOTE IF PAYING BY CHECK:  
MAKE CHECK PAYABLE TO HOLY NAME HOSPITAL AND ENTER  
PATIENT'S ACCOUNT NUMBER ON CHECK.

DATE	DESCRIPTION	CPT	AMOUNT	DATE	DESCRIPTION	CPT	AMOUNT
9/17/2009	SODIUM CHLORIDE 0.9ML		2.01				
9/17/2009	LIDOCAINE HCL (CARDIAC) (5ML		51.79				
9/17/2009	SDS ROOM & BOARD - PAIN MGMT		1,696.00				
9/17/2009	>ONE HOUR TO 1 HR 15 MINS.		2,766.00				
9/17/2009	INFUSION, IV	96365	922.00				
ICD-9 DIAGNOSIS CODE(S): 7295 7242 4019							
IF YOU HAVE ANY QUESTIONS, PLEASE CALL US ANY WEEKDAY BETWEEN 9AM AND 3PM OUT PATIENTS 201-833-3341 IN PATIENTS 201-833-3339							
PAGE NO. <b>1</b>	PATIENT'S NAME AND ACCOUNT NUMBER <b>PUSHKIN, DAVID</b>		DATES OF SERVICE <b>9/17/2009- 9/17/2009</b>		AMOUNT DUE <b>5,437.80</b>		



Case 1:10-cv-09212-JGK -DCF Document 13-6 Filed 02/17/11 Page 18 of 30

GEICO NJ PIP  
PO Box 986 Marlton, NJ 08053

PUSHKIN, DAVID B.  
300 State Highway Route 3 East  
Suite 114  
East Rutherford, NJ 07073

Claim#: 0236794150101016  
Date Received: 10/7/2009 2:32:49 PM  
Start DOS: 9/21/2009  
End DOS: 9/21/2009  
Charged Amount: \$44082.91  
Patient Responsibility: \$0.00  
EOB ID#: 775711-2  
TIN: 22-1487576  
Payment Amount: \$0.00  
Provider Name: Hackensack University Medical C  
Provider Address: PO Box 48027  
Newark, NJ 07101

GEICO NJ PIP  
PO Box 986 Marlton, NJ 08053

Hackensack University Medical Center  
PO Box 48027  
Newark, NJ 07101





Date of Injury: 28-Jan-08

221487576

**PUSHKIN, DAVID B.**  
300 State Highway Route 3 East  
Suite 114  
East Rutherford, NJ 07073

DOS From 9/21/2009 To: 9/21/2009

276.1	HYPOMOLALITY AND/OR HYPONATREMIA
276.8	HYPOTASSEMIA
584.9	ACUTE RENAL FAILURE UNSPECIFIED
788.29	OTHER SPECIFIED RETENTION OF URINE

[illegible]



Date of Service	Procedure Code and Description	Units	Billed Amount	FSUCR Reduction	Stipend Reduction	Discount Amount	Deductible Applied	Copay Applied	SubTotal	Penalty	Total Allowance	Explanation
08/21/2009	306 Laboratory - Clinical Diagnostic: Bacteriology/Microbiology	6	646.00	0.00	646.00	0.00	0.00	0.00	0.00	0.00	0.00	425
09/21/2009	305 Laboratory - Clinical Diagnostic: Hematology	3	243.00	0.00	243.00	0.00	0.00	0.00	0.00	0.00	0.00	425
09/21/2009	301 Laboratory - Clinical Diagnostic: Chemistry	27	1,743.00	0.00	1,743.00	0.00	0.00	0.00	0.00	0.00	0.00	425
09/21/2009	279 Medical/Surgical Supplies: Other Supplies/Devices	9	914.00	0.00	914.00	0.00	0.00	0.00	0.00	0.00	0.00	425
09/21/2009	259 Pharmacy: Other	34	208.18	0.00	208.18	0.00	0.00	0.00	0.00	0.00	0.00	425
09/21/2009	250 Pharmacy	36	648.73	0.00	648.73	0.00	0.00	0.00	0.00	0.00	0.00	425
09/21/2009	121 Medical/Surgical/Gyn	4	27,520.00	0.00	27,520.00	0.00	0.00	0.00	0.00	0.00	0.00	425
Total:			44,082.91	0.00	44,082.91	0.00	0.00	0.00	0.00	0.00	0.00	

Explanation Codes  
425 This CPT code is not related to the MVA.

This bill has been reviewed in accordance with New Jersey Automobile Medical Fee Regulations.

Questions regarding this review may be directed to:

Premier Prism Solutions  
P.O. Box 986  
Marlton, NJ 08053

Phone: 856 596-5600  
Fax: 856 596-6300

Date Received: 07-Oct-09  
Date Processed: 15-Dec-09  
Bill ID: 775711-2

NO HEALTH CARE PROVIDER MAY DEMAND OR REQUEST ANY PAYMENT FROM ANY PERSON IN EXCESS OF THOSE PERMITTED BY N.J.A.C. 11:3-29, AND NO PERSON IS LIABLE TO ANY HEALTH CARE PROVIDER FOR ANY MONEY WHICH RESULTS FROM THE CHARGING OF FEES IN EXCESS OF THOSE PERMITTED BY N.J.A.C. 11:3-29 PURSUANT TO N.J.S.A. 39:8A-4.6.

NOTE: AS OF JANUARY 1, 1995, MEDICAL FEE SCHEDULES APPLY TO OUTPATIENT SERVICES PROVIDED BY HOSPITAL OR REHABILITATION FACILITIES.

Please reference GEICO's Decision Point Review/Pre-Cert Plan for all details regarding all requirements for our Internal Appeals Process, Assignment of Benefits Provisions, and Dispute Resolution. This can be accessed at [www.PremierPrism.com](http://www.PremierPrism.com).

All Appeals MUST BE MAILED TO THE ABOVE ADDRESS.





Case 1:10-cv-09212-JGK-DCF Document 13-6 Filed 02/17/11 Page 21 of 30

cc to Attorney:

Malikin, Seth  
75 Essex Street  
Hackensack, NJ 07601



GEICO NJ PIP  
PO Box 986 Marlton, NJ 08053

**PUSHKIN, DAVID B.**

300 State Highway Route 3 East  
Suite 114  
East Rutherford, NJ 07073

Claim#:	0236794150101016
Date Received:	12/24/2009
Start DOS:	9/22/2009
End DOS:	9/22/2009
Charged Amount:	\$950.00
Patient Responsibility:	\$0.00
EOB ID#:	894336-2
TIN:	22-2430992
Payment Amount:	\$0.00
Provider Name:	NJ CENTER FOR PROSTATE CA
Provider Address:	255 W SPRING VALLEY AVE
	MAYWOOD, NJ 07607

GEICO NJ PIP  
PO Box 986 Marlton, NJ 08053

**NJ CENTER FOR PROSTATE CANCER**

255 W SPRING VALLEY AVE

MAYWOOD, NJ 07607





## Explanation of Benefits

Insurance Company: **GEICO NJ PIP**  
**PO Box 986**  
**Marlton, NJ 08053**

Claim Number: **0236794150101016**  
 Date of Injury: **28-Jan-08**

Adjuster: **Fuge, Gina**  
 Provider: **NJ CENTER FOR PROSTATE CANCER**  
**255 W SPRING VALLEY AVE**  
**MAYWOOD, NJ 07607**

Provider TIN: **222430992**  
 Patient: **PUSHKIN, DAVID B.**  
**300 State Highway Route 3 East**  
**Suite 114**  
**East Rutherford, NJ 07073**

Account Number: **28735**

DOS From **9/22/2009** To: **9/22/2009**

ICD-9 Code **Diagnosis Description**  
**586 RENAL FAILURE UNSPECIFIED**  
**586.54 NEUROGENIC BLADDER NOT OTHERWISE**  
**788.20 SPECIFIED**  
**RETENTION OF URINE UNSPECIFIED**

Date of Service	Procedure Code and Description	Units	Billed Amount	FS/UCR Reduction	Statutory Reduction	Discount Amount	Deductible Applied	Copay Applied	SubTotal	Penalty	Total Allowance	Explanation
08/22/2009	99254 1ST INPT CONSULT 80 MIN	1	500.00	297.25	202.75	0.00	0.00	0.00	0.00	0.00	0.00	425
08/22/2009	99233 SRSQ HOSP CARE PR D 35 MIN	1	250.00	137.16	112.84	0.00	0.00	0.00	0.00	0.00	0.00	425
08/22/2009	99232 SRSQ HOSP CARE PR D 25 MIN	1	200.00	120.60	79.40	0.00	0.00	0.00	0.00	0.00	0.00	425
Total:			950.00	555.01	394.99	0.00	0.00	0.00	0.00	0.00	0.00	

**Explanation Codes**  
**425 This CPT code is not related to the MVA.**

Patient Responsibility: Deductible 0.00 Copay 0.00 Amount Due: 0.00



This bill has been reviewed in accordance with New Jersey Automobile Medical Fee Regulations.

Questions regarding this review may be directed to:

Premier Ptzrn Solutions  
P.O. Box 986  
Marlton, NJ 08053

Phone: 856 596-5600  
Fax: 856 596-6300

Date Received: 24-Dec-09  
Date Processed: 10-May-10  
Bill ID: 894336-2

NO HEALTH CARE PROVIDER MAY DEMAND OR REQUEST ANY PAYMENT FROM ANY PERSON IN EXCESS OF THOSE PERMITTED BY N.J.A.C. 11:3-29, AND NO PERSON IS LIABLE TO ANY HEALTH CARE PROVIDER FOR ANY MONEY WHICH RESULTS FROM THE CHARGING OF FEES IN EXCESS OF THOSE PERMITTED BY N.J.A.C. 11:3-29 PURSUANT TO N.J.S.A. 39:6A-4,6.  
NOTE: AS OF JANUARY 1, 1995, MEDICAL FEE SCHEDULES APPLY TO OUTPATIENT SERVICES PROVIDED BY HOSPITAL OR REHABILITATION FACILITIES.

Please reference GEICO's Decision Point Review/Pre-Cert Plan for all details regarding all requirements for our Internal Appeals Process, Assignment of Benefits Provisions, and Dispute Resolution. This can be accessed at [www.PremierPtzrn.com](http://www.PremierPtzrn.com).

**All Appeals MUST BE MAILED TO THE ABOVE ADDRESS.**

cc to Attorney:

Malikin, Seth  
75 Essex Street  
Hackensack, NJ 07601





GEICO NJ PIP  
PO Box 986 Marlton, NJ 08053

PUSHKIN, DAVID B.

300 State Highway Route 3 East  
Suite 114  
East Rutherford, NJ 07073

Claim#: 0236794150101016  
Date Received: 10/21/2009 11:11:23 AM  
Start DOS: 9/21/2009  
End DOS: 9/25/2009  
Charged Amount: \$860.00  
Patient Responsibility: \$74.01  
EOB ID#: 793693-2  
TIN: 22-1968226  
Payment Amount: \$284.87  
Provider Name: Hackensack Radiology Group, PA  
Provider Address: PO Box 27116

NEWARK, NJ 07101

GEICO NJ PIP  
PO Box 986 Marlton, NJ 08053

Hackensack Radiology Group, PA

PO Box 27116

NEWARK, NJ 07101





## Explanation of Benefits

Insurance Company: GEICO NJ PIP  
PO Box 986  
Marlton, NJ 08053

Claim Number: 0236794150101016  
Date of Injury: 28-Jan-08

Adjuster: Fuge, Gina  
Provider: Hackensack Radiology Group, PA  
PO Box 27116  
NEWARK, NJ 07101

Provider TIN: 221969226  
Patient: PUSHKIN, DAVID B.  
300 State Highway Route 3 East  
Suite 114  
East Rutherford, NJ 07073

Account Number: HRG356362

DOS From 9/21/2009 To: 9/25/2009

ICD-9 Code Diagnosis Description  
228.09 HEMANGIOMA OF OTHER SITES  
722.52 DEGENERATION OF LUMBAR OR LUMBOSACRAL INTERVERTEBRAL  
DISC  
733.3 HYPEROSTOSIS OF SKULL  
780.60 FEVER UNSPECIFIED

Date of Service	Procedure Code and Description	Units	Billed Amount	FS/UCR Reduction	Statutory Reduction	Discount Amount	Deductible Applied	Copy Applied	SubTotal	Penalty	Total Allowance	Explanation
09/21/2009	72148 26 MRI SPI CANAL&CNIS LMBR C-MATRL	1	212.00	0.00	0.00	106.16	0.00	21.16	84.68	0.00	84.68	615, 818, 702
09/21/2009	71010 26 RADEX CH 1 VIEW FRNT	1	30.00	13.94	0.00	0.94	0.00	3.02	12.10	0.00	12.10	615, 818, 702, 101
09/21/2009	70450 26 CT HEAD/BRN C-MATRL	1	191.00	110.00	0.00	0.00	0.00	16.20	64.80	0.00	64.80	818, 702, 101
09/22/2009	76770 26 US RETROPERITONEAL R-T W/MAGE COMPL	1	125.00	70.57	0.00	0.00	0.00	10.69	43.54	0.00	43.54	702, 101
09/22/2009	72128 26 CT THRC SPI C-MATRL	1	212.00	126.30	0.00	0.00	0.00	17.14	68.56	0.00	68.56	702, 101
09/26/2009	76857 28 US PEL NONOB B-SCAN&R-T IMG LMTD/F:UP+C97	1	90.00	62.02	0.00	0.00	0.00	5.60	22.38	11.19	11.19	702, 203, 101



Explanation Codes		Patient Responsibility:	Deductible	0.00	Copay	74.01	Amount Due:	284.87
101	The fees for this service exceed the amount allowed according to the state Fee Schedule.							
203	This CPT code was not submitted for DPR/PRE-Certification or the date of service falls outside of the treatment plan request. Based on NJAC 11:3-4.7, a 50% penalty has been applied.							
615	The fees for this service have been reduced according to the PHS(GALAXY_HEALTH) PPO Network. For questions, contact Prime Health at (866) 348-3887.							
702	Copay Applied							
818	This CPT code has been reviewed and agreed upon during a code review.							
Total:		860.00	382.83	0.00	107.10	0.00	74.01	296.06
					11.19	284.87		

This bill has been reviewed in accordance with New Jersey Automobile Medical Fee Regulations.

Questions regarding this review may be directed to:

Premier Pfitzm Solutions  
P.O. Box 986  
Marlton, NJ 08053

Phone: 856 596-5600  
Fax: 856 596-6300

Date Received: 21-Oct-09  
Date Processed: 08-Nov-09  
Bill ID: 793693-2

NO HEALTH CARE PROVIDER MAY DEMAND OR REQUEST ANY PAYMENT FROM ANY PERSON IN EXCESS OF THOSE PERMITTED BY N.J.A.C. 11:3-29, AND NO PERSON IS LIABLE TO ANY HEALTH CARE PROVIDER FOR ANY MONEY WHICH RESULTS FROM THE CHARGING OF FEES IN EXCESS OF THOSE PERMITTED BY N.J.A.C. 11:3-29 PURSUANT TO N.J.S.A. 39:6A-4,6.

NOTE: AS OF JANUARY 1, 1995, MEDICAL FEE SCHEDULES APPLY TO OUTPATIENT SERVICES PROVIDED BY HOSPITAL OR REHABILITATION FACILITIES.

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All Appeals MUST BE MAILED TO THE ABOVE ADDRESS.

cc to Attorney:

Malkin, Sath  
75 Essex Street  
Hackensack, NJ 07601



GEICO NJ PIP  
PO Box 986 Marlton, NJ 08053

PUSHKIN, DAVID B.  
300 State Highway Route 3 East  
Suite 114  
East Rutherford, NJ 07073

Claim#: 0236794150101016  
Date Received: 12/18/2009 3:47:27 PM  
Start DOS: 9/22/2009  
End DOS: 9/25/2009  
Charged Amount: \$375.00  
Patient Responsibility: \$11.77  
EOB ID#: 871118-1  
TIN: 22-3812834  
Payment Amount: \$288.04  
Provider Name: Bergen Nephrology LLC  
Provider Address: 540 Clinton Ave  
  
Wyckoff, NJ 07481

GEICO NJ PIP  
PO Box 986 Marlton, NJ 08053

Bergen Nephrology LLC  
540 Clinton Ave  
  
Wyckoff, NJ 07481







## Explanation of Benefits

Insurance Company: GEICO NJ PIP  
PO Box 986  
Marlton, NJ 08053

Claim Number: 0236794150101016  
Date of Injury: 28-Jan-08

Adjuster: Fuge, Gina  
Provider: Bergen Nephrology LLC  
540 Clinton Ave  
Wyckoff, NJ 07481

Provider TIN: 223812834  
Patient: PUSHKIN, DAVID B.  
300 State Highway Route 3 East  
Suite 114  
East Rutherford, NJ 07073

Account Number: 00000071400

DOS From 9/22/2009 To: 9/25/2009

ICD-9 Code Diagnosis Description  
276.1 HYPOSMOLALITY AND/OR  
HYPONATREMIA  
584.9 ACUTE RENAL FAILURE UNSPECIFIED  
790.6 OTHER ABNORMAL BLOOD  
CHEMISTRY

Date of Service	Procedure Code and Description	Units	Billed Amount	FSU/CR Reduction	Statutory Reduction	Discount Amount	Deductible Applied	Copay Applied	SubTotal	Penalty	Total Allowance	Explanation
09/22/2009	99263 1ST INPT CONSLTJ 55 MIN	1	175.00	33.89	0.00	0.00	0.00	11.77	129.24	0.00	129.24	702, 101
09/23/2009	99232 SRSQ HOSP CARE PR D 25 MIN	1	100.00	20.60	0.00	0.00	0.00	0.00	79.40	0.00	79.40	101
09/25/2009	99232 SRSQ HOSP CARE PR D 25 MIN	1	100.00	20.60	0.00	0.00	0.00	0.00	79.40	0.00	79.40	101
Total:			375.00	75.19	0.00	0.00	0.00	11.77	289.04	0.00	289.04	

Amount Due: 289.04

Patient Responsibility: Deductible 0.00 Copay 11.77

### Explanation Codes

101 The fees for this service exceed the amount allowed according to the state Fee Schedule.  
702 Copay Applied



This bill has been reviewed in accordance with New Jersey Automobile Medical Fee Regulations.

Questions regarding this review may be directed to:

Premier Pizim Solutions  
P.O. Box 986  
Marion, NJ 08053

Phone: 856 596-5600  
Fax: 856 596-6300

Date Received: 18-Dec-09  
Date Processed: 25-Dec-09  
Bill ID: 871116-1

NO HEALTH CARE PROVIDER MAY DEMAND OR REQUEST ANY PAYMENT FROM ANY PERSON IN EXCESS OF THOSE PERMITTED BY N.J.A.C. 11:3-29, AND NO PERSON IS LIABLE TO ANY HEALTH CARE PROVIDER FOR ANY MONEY WHICH RESULTS FROM THE CHARGING OF FEES IN EXCESS OF THOSE PERMITTED BY N.J.A.C. 11:3-29 PURSUANT TO N.J.S.A. 39:6A-4.6.

NOTE: AS OF JANUARY 1, 1995, MEDICAL FEE SCHEDULES APPLY TO OUTPATIENT SERVICES PROVIDED BY HOSPITAL OR REHABILITATION FACILITIES.

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**ALL APPEALS MUST BE MAILED TO THE ABOVE ADDRESS.**

cc to Attorney:

Malik, Seth  
75 Essex Street  
Hackensack, NJ 07601



GEICO NJ PIP  
PO Box 986 Marlton, NJ 08053

PUSHKIN, DAVID B.  
300 State Highway Route 3 East  
Suite 114  
East Rutherford, NJ 07073

Claim#: 0236794150101016  
Date Received: 11/20/2009 4:38:45 PM  
Start DOS: 9/25/2009  
End DOS: 9/25/2009  
Charged Amount: \$425.00  
Patient Responsibility: \$40.55  
EOB ID#: 836115-1  
TIN: 22-3430454  
Payment Amount: \$162.20  
Provider Name: North Jersey Brain & Spine  
Provider Address: 680 KINDERKAMACK RD #300  
  
ORADELL, NJ 07649

GEICO NJ PIP  
PO Box 986 Marlton, NJ 08053

North Jersey Brain & Spine  
680 KINDERKAMACK RD #300

ORADELL, NJ 07649





## Explanation of Benefits

Insurance Company: GEICO NJ PIP  
PO Box 986  
Marlton, NJ 08053

Claim Number: 0236794150101016  
Date of Injury: 28-Jan-08

Adjuster: Fuge, Gina  
Provider: North Jersey Brain & Spine  
680 KINDERKAWACK RD #300  
ORADELL, NJ 07649

Provider TIN: 223430454  
Patient: PUSHKIN, DAVID B.  
300 State Highway Route 3 East  
Suite 114  
East Rutherford, NJ 07073

Account Number: 64953.11

DOS From: 9/25/2009 To: 9/25/2009

ICD-9 Code Diagnosis Description  
724.3 SCIATICA

Date of Service	Procedure Code and Description	Units	Billed Amount	FSUCR Reduction	Statutory Reduction	Discount Amount	Deductible Applied	Copay Applied	SubTotal	Penalty	Total Allowance	Explanation
09/25/2009	89254 1ST INPT CONSULT 80 MIN	1	425.00	222.25	0.00	0.00	0.00	40.55	162.20	0.00	162.20	702, 101
Total:			425.00	222.25	0.00	0.00	0.00	40.55	162.20	0.00	162.20	

Explanation Codes

101	The fees for this service exceed the amount allowed according to the state Fee Schedule.	Patient Responsibility:	Deductible	0.00	Copay	40.55	Amount Due:	162.20
702	Copay Applied							

This bill has been reviewed in accordance with New Jersey Automobile Medical Fee Regulations.





Questions regarding this review may be directed to:

Premier Pflzn Solutions  
P.O. Box 986  
Marlton, NJ 08053

Phone: 856 596-5800  
Fax: 856 596-6300

Date Received: 20-Nov-09  
Date Processed: 28-Nov-09  
Bill ID: 836115-1

NO HEALTH CARE PROVIDER MAY DEMAND OR REQUEST ANY PAYMENT FROM ANY PERSON IN EXCESS OF THOSE PERMITTED BY N.J.A.C. 11:3-29, AND NO PERSON IS LIABLE TO ANY HEALTH CARE PROVIDER FOR ANY MONEY WHICH RESULTS FROM THE CHARGING OF FEES IN EXCESS OF THOSE PERMITTED BY N.J.A.C. 11:3-29 PURSUANT TO N.J.S.A. 39:6A-4.6.

NOTE: AS OF JANUARY 1, 1995, MEDICAL FEE SCHEDULES APPLY TO OUTPATIENT SERVICES PROVIDED BY HOSPITAL OR REHABILITATION FACILITIES.

Please reference GEICO's Decision Point Review/Pre-Cert Plan for all details regarding all requirements for our Internal Appeals Process, Assignment of Benefits Provisions, and Dispute Resolution. This can be accessed at [www.PremierPflzn.com](http://www.PremierPflzn.com).

**ALL Appeals MUST BE MAILED TO THE ABOVE ADDRESS.**

cc to Attorney:

Malkin, Seth  
75 Essex Street  
Hackensack, NJ 07601





*From the desk of Dr. Dave Pushkin...*

October 9, 2009

Lisa Ardron  
GEICO/Premier Prizm Solutions  
Marlton, NJ  
FAX: (856) 596-6300

Re: Reopened claim for Dr. David B. Pushkin  
Claim #: 0236794150101016  
Date of accident: January 28, 2008

Dear Ms. Ardron:

I'm contacting you as not only the supervisor of my claims adjuster, Gina Fuge, but as a member of the GEICO/Premier Prizm staff whom I've had a past positive working and cooperative relationship with. Unfortunately, since my request to reopen my claim on September 8<sup>th</sup> was honored, I have experienced significant frustration working with Ms. Fuge, and must bring a number of matters to your attention for immediate resolution, so my time and energy can be better focused on my health and recovery, not playing phone tag and fighting over idiotic matters (pardon my harsh language) that should be fundamentally handled by Ms. Fuge without any difficulties.

After a very productive phone discussion with my newly assigned case management nurse, Allison Butler, I am able to distill the issues into the following list for you to address with Gina for resolution:

1. I am scheduled for an IME on Oct. 15, 2009, which I freely agreed to, with Dr. Boris Prakhina of Fair Lawn, NJ. When I report to Dr. Prakhina, I will bring with me copies of all medical reports since my first IME on May 15, 2008 with Dr. Menachem Epstein of River Edge, NJ. These medical reports include the following:
  - 6/3/08 CT Myelogram (Rx by Dr. Andrew Casden, Beth Israel Hospital, NY)
  - 6/25/08 Full-body Bone Scan (Rx by Dr. Kenneth Park, Holy Name Hospital, NJ)
  - 7/18/08 and 1/20/09 EMG (By Dr. Mario Vukic, Hackensack Neurology Group, NJ)

300 State Highway Route 3 East, Suite 114. East Rutherford, NJ 07073  
Phone: (201) 206-5160. FAX: (201) 939-6717. Email: dpushkin@nj.rr.com



- 5/21/09 Brain MRI (Rx by Dr. Mario Vukic)
- 1/21/09 Cervical and Lumbar spinal MRI (Rx by Dr. Kenneth Park)
- 6/23/09 and 7/13/09 Lumbar Flexion and Extension x-rays (Rx by Dr. Hooman Azmi and Dr. Patrick Roth, North Jersey Brain and Spine Center)
- 7/13/09 Lumbar spinal CT scan (Rx by Dr. Patrick Roth)
- 9/2/09 Urological consult from Dr. Gregory Lovallo to Dr. Hooman Azmi
- 9/21-25/09 Radiology, Ultrasound, Admission and Discharge records from Hackensack University Medical Center for my hospitalization.
- 9/1/09 Neurosurgeon assessment report by Dr. Hooman Azmi, pending its final completion.

2. On September 25, I called Gina Fuge to notify her of my hospitalization and providing HUMC of GEICO information for billing, since my illness (acute renal failure) was directly related to my spinal condition, which has been connected to my January 2008 automobile accident after an exhaustive series of medical tests. Since that phone call, I have received only ONE return phone call, on October 7, 11:18am. I have made several phone calls to her office prior to October 7, and since, in return of her phone call, only to be disconnected or get her voice mail. I consider this completely unacceptable. My original adjuster, Dominick Spaventa was inaccessible more often than not until he was no longer with your company, and I have never received satisfactory "service" from Ms. Fuge as his replacement either. As you already know, I am disabled, in the middle of a lengthy battle for Social Security disability benefits, and now in litigation regarding this auto accident as my physical condition deteriorated. I don't have the time or energy to play "phone tag" or any other games. If I've been hospitalized, and have doctors' offices calling for authorization for follow-up appointments, this must be serious, and we all expect Ms. Fuge to take matters seriously.

3. As attached, I have provided the discharge sheet and cover of folder from HUMC to at least provide you evidence that the two primary physicians responsible for my admission and discharge were Dr. Stephen Sherer, and Dr. Gregory Lovallo, who coincidentally happen to be my personal internist and urologist. I specifically requested to be taken by ambulance to HUMC so my own physicians, who were on staff at HUMC, would treat me! I was instructed to do this by Dr. Kenneth Park, my lone physician who is not on staff at HUMC (he's affiliated at Holy Name in Teaneck). Therefore, when Dr. Sherer's office and Dr. Lovallo's office call Ms. Fuge for authorization for a follow-up office visit, it is HIGHLY INAPPROPRIATE for Ms. Fuge to respond, "that claim has been closed for a long time, so I'm denying authorization."

So, the FIRST order of business that needs to be resolved, before Ms. Fuge starts returning phone calls more promptly to me, is to IMMEDIATELY issue retroactive authorization to both Dr. Sherer's and Dr. Lovallo's offices for my follow-up office visits for Monday, October 5 (Dr. Lovallo), and Tuesday, October 6 (Dr. Sherer). Second, because these appointments followed up on my hospitalization, GEICO should pay both



physicians for these office visits. Third, Ms. Fuge should issue formal apologies to both offices. Last, because I had to pay \$30 out of pocket to Dr. Lovallo's office, because his staff didn't know what to do about billing under the circumstances, GEICO needs to advise Dr. Lovallo's office on how I should be refunded.

4. In light of my hospitalization, and my having the benefit of my own personal physicians on staff at HUMC to treat me, in addition to Dr. Park (Pain Management), the following physicians are ALWAYS connected to my case and ongoing health care, and their offices should ALWAYS receive authorization for an office visit without any hassle or inappropriate or unprofessional dialogue:

**Internist -- Dr. Stephen Sherer**

714 Bergen Blvd.; Ridgefield, NJ 07657

(201) 945-3022 (FAX: 201-945-3023)

**Pain Management Physician -- Dr. Kenneth Park**

680 Kinderkamack Road, Suite 207; Oradell, NJ 07649

(201) 487-7246 (FAX: 201-225-0207)

**Neurologist -- Dr. Mario Vukic**

Hackensack Neurology Group

211 Essex Street, Suite 202; Hackensack, NJ 07601

(201) 488-1515 (FAX: 201-488-9471)

**Neurosurgeon -- Dr. Hooman Azmi (and Dr. Patrick Roth)**

North Jersey Brain and Spine Center

680 Kinderkamack Road, Suite 300; Oradell, NJ 07649

(201) 342-2550 (FAX: 201-342-7171)

**Urologist -- Dr. Greg Lovallo**

North Jersey Center for Prostate Cancer and Urology

255 West Spring Valley Avenue; Maywood, NJ 07607

(201) 487-8866 (FAX: 201-487-2602)





5. Because I am also on a number of medications for pain as well as the complications associated with my spinal injuries (urinary retention and bowel immotility), I would appreciate authorization for the following prescription medications associated with the attached MyMatrixx card issued to me in January 2009:

**PHARMACY INFORMATION:**

**Pharmacy:** Randy's Rx and Surgicals of Fort Lee, NJ

**Pharmacist:** Randy Shreck

**Phone:** (201) 224-4700

**FAX:** 201-224-4670

**Meds Rx by Dr. Morris Traube (NYU GI Associates, (212) 263-3095):**

Amitiza (24 mg 2x daily, AM/PM) -- for chronic constipation

**Meds Rx by Dr. Kenneth Park:**

Avinza (90mg 1x daily, PM) -- for chronic skeletal/neuromuscular pain

Morphine sulfate Immediate Release (30mg 2-3x daily, as needed) -- for acute pain

Celebrex (200mg 2x daily, AM/PM) -- for spinal arthritis

Topamax (100 mg 2x daily, AM/PM) -- for neurological (neuropathic) pain

Lidoderm Patches (5%, 1-2 daily, as needed) -- for pain

Provigil (200mg 2x daily, AM/PM) -- for fatigue caused by pain medications

**Meds Rx by Dr. Gregory Lovallo:**

Flomax (0.4 mg 1x daily, PM) -- for urinary retention

6. Several months ago, you were helpful and provided me a copy of Dr. Epstein's May 2008 IME report. However, I had TWO IMEs with Dr. Epstein, the second on July 28, 2008. I never received a copy of that report, and would like to see it, since this should have noted receipt of 6/3/08 CT Myelogram, 6/25/08 Bone Scan, and 7/18/08 EMG reports.

Could you fax this second IME report to me at your earliest convenience? My FAX number is in my letterhead footer, along with my mailing address, if you'd prefer to send it via regular US mail. Thank you.



7. Lastly, because of my worsening condition, I have not worked since December 18, 2008. According to my PIP provisions, there is a lost wages benefit of \$100/week up to a maximum of \$5,200 per accident. I formally request whatever forms need to be filled out and completed so I can submit for this benefit. If you can provide me these forms at your earliest convenience, again, this is greatly appreciated.

As I've made clear to you in the past, and as I made clear to Allison Butler in our discussion by phone this afternoon, I am always one to "play straight" with your office and GEICO regarding my condition, my claim, and my needs. I spent an entire year, at the expense of my own major medical insurance carrier, going through a number of exhaustive procedures and tests while my physicians sought to determine the source of my worsening spinal condition and its connection to the January 2008 auto accident relative to my pre-existing March 2007 spinal surgery. As discussed with you before, I spared GEICO the expense of any "wild goose chases" as I endured the medical equivalent of searching for a proverbial needle in a haystack, so I am not only shocked, but beyond disgust, when one of your staff members cannot take things seriously enough after my request to reopen my claim, and then end up hospitalized. This is NOT how I appreciate being treated by GEICO, and I expect things to change immediately.

I thank you in advance for your full cooperation with my requests, and respect for my case and medical situation. I hope Ms. Fuge will be advised to adopt the same standards as I know you to uphold. If this will be incompatible for her, then I request you replace her and serve as my new adjuster for the duration my claim remains open.

Respectfully,

Dr. David B. Pushkin

cc: Seth Malkin, Esq.





647768

10 East Stow Road, Suite 100  
Marlton, NJ 08053  
856-596-5600 P  
856-596-6300 F  
[www.premierprizm.com](http://www.premierprizm.com)

**Rescheduled Appointment**

September 29, 2009

PUSHKIN, DAVID B.  
200 Winston Drive  
Apt 812  
Cliffside Park, NJ 07010

Claim #: 0236794150101016  
DOL: January 28, 2008

Dear Mr. PUSHKIN:

At the request of your insurance company, a Pain Mgmt - Anesthesiology Independent Medical Examination has been **rescheduled** for you on **October 15, 2009 at 1:45 PM** with:

Dr. Boris L. Prakhina  
33-00 Broadway, Suite 209  
Fair Lawn, NJ 07410  
(201) 796-7666

If you need directions to the physician's office, please contact the physician's office directly. The physician's office requires at least 72 hours advance notice to reschedule an appointment. **If you are unable to keep this appointment please contact our office immediately at (856) 596-5600.** Do not cancel or reschedule this appointment directly with the physician's office as they are not authorized to make schedule changes. Failure to cooperate and appear for this scheduled examination may result in a suspension of your medical benefits for this claim.

In order for a thorough and meaningful examination to take place, it is necessary that you bring with you all X-rays, MRI's and/or CAT Scans which may have been taken. Please also bring photo identification to the examination.

All fees incurred related to this appointment will be paid by your insurance carrier. Please do not give or accept payment information at the time of the examination.

Thank you for attending this Independent Medical Examination.

Sincerely,

IME Department  
Premier Prizm Solutions, LLC.  
cc: Adjuster: Fuge, Gina, GEICO  
Attorney:

***Launching Our Technology to YOUR FUTURE!***



11/19/2009 12:12 FAX

0002/003

FROM

2009-11-02 09:38:42 Page 4 of 7

**Institute for Diagnosis & Treatment of Pain**  
33-02 Broadway, Suite 202, Fair Lawn, NJ 07410 Phone (201) 794-7603 Fax (201) 794-3579

**Boris L. Franklin, MD, Dip ABA, AAPM**  
*Specialist in Interventional Pain Management*

**PUSHKIN, DAVID B.**

Claim #: 0238794150101016

Date of Accident: January 28, 2008

Date of Visit: October 15, 2009

**SUBJECTIVE**

Chief Complaint:

1. Low back pain across the back.
2. Low back pain radiating in both legs.

History of Present Illness: The patient was seen for pain management independent Medical Evaluation at the request of Premier Prism Solutions.

The patient reported that he sustained injury in an accident that occurred on January 28, 2008. He reported that he was the driver of a vehicle that sustained rear side impact. He reports that there was no ambulance at the scene of the accident.

He describes his pain as dull ache, always present, gets worse at times, mild, at worse it is 8/10, most times 2 to 3/10. He reports that sitting and standing make it worse, and rest makes it better.

He reports that he underwent multiple trigger point injections, physical therapy, and on September 17, 2009, he had lidocaine infusion which was successful in his opinion.

He reports that he had to cut down his physical activities because of this pain severely.

Past Medical History: Significant for anxiety disorder. He has been diagnosed with renal failure. He has a history of arthritis. He reports that he sustained a sports injury about 25 years ago to his lumbar area.

Past Surgical History: Significant for spine fusion performed April 21, 2007, L2 through S1. He reports that postoperative course was complicated by infection that required prolonged treatment.

Allergies: Penicillin and Lyrica.

Medications: Multiple pain medications.

Social History: He reports that he is in litigation with Social Security Administration over his disability status.

11/02/2009 9:41AM (GMT-05:00)





Case 1:10-cv-09212-JGK -DCF Document 13-7 Filed 02/17/11 Page 11 of 30

11/19/2009 12:12 FAX

4003/005

FROM

2009-11-02 09:38:42 Page 5 of 7

PUSHKIN, DAVID B.

Page 2

Review of Systems:

General: Well-nourished male appearing in no acute distress.

Neurological: He reports that he has significant weakness in his lower extremities. He uses a walker.

Musculoskeletal: Back pain.

**OBJECTIVE**

**PHYSICAL EXAMINATION**

**VITAL SIGNS:** Height: 5' 8". Weight: 174 pounds.

**EXTREMITIES:** Normal range of motion and muscle strength throughout. There is no focal tenderness in upper and lower extremities.

**NEUROLOGICAL:** Diminished left knee jerk reflex 1+ Sensation appears symmetrical and intact.

**NECK:** Normal range of motion of the cervical spine. There is no tenderness on flexion, extension or bilateral rotation. There are no paraspinal spasms, trigger points, anterior scalene spasm, or cervical tenderness on palpation.

**DETAILED BACK:** His gait is affected by unsteady gait. He uses a walker. His flexion, extension and bilateral rotation of spine are diminished as expected due to history of multilevel lumbar fusion. There is diffuse tenderness to palpation over lower lumbar area and paraspinal lumbar area. There are well-healed midline surgical scars extending from sacral to lower thoracic areas. Straight leg raise test is positive bilaterally at 60 degrees while sitting. There are no trigger points or muscle spasms.

Review of Submitted Records and Prior Testing:

Nerve conduction studies and electromyography performed January 20, 2009, by Dr. Vukic with impression:

1. This is abnormal study.
2. Chronic left lumbosacral radiculopathy.
3. EMG testing reports only left tibial anterior abnormality.

Lab work included showing reduced hemoglobin and hematocrit.

Office note September 2, 2009, by Dr. Lovullo. This was urological evaluation. Discussion was that patient has neurogenic bladder and retention.

Office note dated October 13, 2009, by Dr. Azmi, who notes that on physical examination power in his lower limbs is 5/5 bilaterally. He is discussing with the patient, past and future treatment. The urologist found his bladder to be functioning fine and constipation is due to high amount of narcotics. He has no objective weakness in his legs. The discussed option of spinal cord stimulator.

CT spine with reconstruction conducted July 13, 2009, impression was:

11/02/2009 9:41AM (GMT-05:00)



10/2009 12:12 FAX

0004/000

FROM

2009-11-02 09:38:42 Page 6 of 7

PUSHKIN, DAVID B.

Page 3

1. Patient is status post multilevel anterior and posterior fusion. The fusion hardware appears intact.

X-ray of lumbar spine, two views, dated July 13, 2009, impression:

1. Stable positioning and appearance of instrumentation.
2. Spondylolisthesis evident at L1-L2, L3-L4, L5-S1. This did not change significantly in severity compared to the prior study of June 23, 2009.

MRI of the lumbar spine dated January 21, 2009, impressions were:

1. Retrolisthesis L1 over L2 which is new since the preoperative MRI of December 18, 2008.
2. Rule out disc protrusion as compared to the 2008 examination.
3. At the site of laminectomy L4, the fluid collection extends from the inferior spinous process of L3 to the mid L5 vertebral body with peripheral rim enhancement.
4. Neuroforaminal compromise bilaterally L5-S1 as a result of the anterolisthesis L5 relative to S1. It is similar to the preoperative study.

CT lumbar myelogram, impressions were:

1. Status post laminectomy L3, L4, L5 with anterior and posterior spinal fusion from L2 through S1.
2. Slight posterior disc bulging L1-L2 with posterolateral hemiated disc on the left side.
3. Small anterolateral extradural mass L2-L3 representing small posterolateral hemiated disc.
4. Right spinal stenosis L5-S1.
5. Grade 2 spondylolisthesis L5 in relation to S1.

Office note dated September 21, 2009, impressions:

1. Failed back syndrome.
2. Lethargy which may be due to narcotics.
3. Urinary retention.

Note from Hackensack University Hospital by Dr. Azmi dated September 25, 2009, describing:

1. Patient presented with acute renal deficiency secondary to urinary retention. "Most likely this is secondary to his high dose of narcotics."

IME report dated May 22, 2008, by Dr. Epstein with diagnosis:

1. Recent lumbar contusion superimposed on previous major spinal surgery with postoperative infection.
2. Bulging and painful S1 joint screw left side.

11/02/2009 9:41AM (GMT-05:00)



11/19/2009 12:12 FAX

01/19/09

FROM

2009-11-02 09:38:42 Page 7 of 7

PUSHKIN, DAVID B.

Page 4

Recommendations were physical therapy and evaluation by spine surgeon. His opinion was that current lumbar pain superimposed on residual pain from spinal surgery.

**OVERALL IMPRESSION**

1. Left L4 radiculitis. Condition post major lumbar fusion.

**RECOMMENDATIONS**

1. It appears that the accident in question was a probable cause for aggravating and exacerbating patient's prior medical condition. At this junction, aggravation is exacerbation expected to subside.
2. The patient had major spinal surgery with complications prior to the accident in question which is a source of the patient's problem. At this junction, I do not see documentation that present condition relates to the accident in question.
3. As there is no documentation that the patient's present condition relates to the accident in question, all further treatment does not relate to the accident in question.
4. Patient has reached maximum medical improvement as it related to the accident in question.

*Boris Prakhina, MD (electronic signature)*

Boris Prakhina, MD, Dip. ABA, AAPM

BP/P/cdv

Job #: 1030027

11/02/2009 9:41AM (GMT-05:00)





- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

Page 14 of 30

New Jersey PIP, PO BOX 986  
Marlton, NJ 08053-0986

*All Rx & office visits  
procedures  
were  
immediately  
denied  
effective  
this date*

11/05/2009

Date Loss Reported to GEICO: 01/28/2008

David Pushkin  
300 State Highway. Rt.3 East Apt 114  
East Rutherford, NJ 07073

Company Name: Government Employees Insurance Company  
Claim Number: 023679415-0101-016  
Loss Date: Monday, January 28, 2008  
Policyholder: David Pushkin  
Policy Number: 2010349807  
Injured Party: David Pushkin

Dear David Pushkin,

Based on the result of an Independent Medical Examination performed by Dr. Boris L. Prakhina on 10/15/2009, it has been determined that David Pushkin has reached maximum medical improvement for Pain Mgmt - Anesthesiology treatment for injuries resulting from this loss.

Accordingly, all Pain Mgmt - Anesthesiology treatment will be denied effective 11/18/2009

Should you have any further questions or require additional information, please feel free to contact me at the number below.

Sincerely,

Gina Fuge, Examiner Code LAEW  
(800)301-1390x4506  
Claims Department

cc: Mymatrixx  
Dr. Seth Kane  
Alliance Hand & Physical Therapy  
North Jersey Primary Care Associates

*They  
didn't  
give me  
until this  
date!*





GEICO NJ PIP  
PO Box 986 Marlton, NJ 08053

**PUSHKIN, DAVID B.**  
300 State Highway Route 3 East  
Suite 114  
East Rutherford, NJ 07073

Claim#: 0236794150101016  
Date Received: 1/26/2010 12:12:43 PM  
Start DOS: 10/1/2009  
End DOS: 10/1/2009  
Charged Amount: \$120.00  
Patient Responsibility: \$0.00  
EOB ID#: 920285-2  
TIN: 22-3356214  
Payment Amount: \$44.12  
Provider Name: BERGEN ANESTHESIA ASSOCI/  
Provider Address: PO BOX 34049  
  
Newark, NJ 07189

GEICO NJ PIP  
PO Box 986 Marlton, NJ 08053

**BERGEN ANESTHESIA ASSOCIATES**  
PO BOX 34049  
  
Newark, NJ 07189





## Explanation of Benefits

Insurance Company: **GEICO NJ PIP**  
**PO Box 986**  
**Marlton, NJ 08053**

Claim Number: **0236794150101016**  
 Date of Injury: **28-Jan-08**

Adjuster: **Fuge, Gina**  
 Provider: **BERGEN ANESTHESIA ASSOCIATES**  
**PO BOX 34049**  
**Newark, NJ 07189**

Patient: **PUSHKIN, DAVID B.**  
**300 State Highway Route 3 East**  
**Suite 114**  
**East Rutherford, NJ 07073**

Account Number: **BG019919**

DOS From: **10/1/2009** To: **10/1/2009**

ICD-9 Code **722.83** **POSTLAMINECTOMY SYNDROME OF LUMBAR REGION**  
**724.4** **THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS UNSPECIFIED**  
**724.6** **DISORDERS OF SACRUM**

Date of Service	Procedure Code and Description	Units	Billed Amount	FSALCR Reduction	Statutory Reduction	Discount Amount	Deductible Applied	Copay Applied	SubTotal	Penalty	Total Allowance	Explanation
10/01/2009	98212 OFFICE OUTPT EST 10 MIN	1	120.00	75.88	0.00	0.00	0.00	0.00	44.12	0.00	44.12	818.101
Total:			120.00	75.88	0.00	0.00	0.00	0.00	44.12	0.00	44.12	

Patient Responsibility: Deductible 0.00 Copay 0.00

Amount Due: 44.12

### Explanation Codes

101 The fees for this service exceed the amount allowed according to the state Fee Schedule.  
 818 This CPT code has been reviewed and agreed upon during a code review.



This bill has been reviewed in accordance with New Jersey Automobile Medical Fee Regulations.

Questions regarding this review may be directed to:

Premier Pitzm Solutions  
P.O. Box 986  
Meriton, NJ 08053

Phone: 856 596-5600  
Fax: 856 596-6300

Date Received: 26-Jan-10  
Date Processed: 10-Feb-10  
Bill ID: 920285-2

NO HEALTH CARE PROVIDER MAY DEMAND OR REQUEST ANY PAYMENT FROM ANY PERSON IN EXCESS OF THOSE PERMITTED BY N.J.A.C. 11:3-29, AND NO PERSON IS LIABLE TO ANY HEALTH CARE PROVIDER FOR ANY MONEY WHICH RESULTS FROM THE CHARGING OF FEES IN EXCESS OF THOSE PERMITTED BY N.J.A.C. 11:3-29 PURSUANT TO N.J.S.A. 39:6A-4, 6.  
NOTE: AS OF JANUARY 1, 1995, MEDICAL FEE SCHEDULES APPLY TO OUTPATIENT SERVICES PROVIDED BY HOSPITAL OR REHABILITATION FACILITIES.

Please reference GEICO's Decision Point Review/Pre-Cert Plan for all details regarding all requirements for our Internal Appeals Process, Assignment of Benefits Provisions, and Dispute Resolution. This can be accessed at [www.PremierPitzm.com](http://www.PremierPitzm.com).

**ALL Appeals MUST BE MAILED TO THE ABOVE ADDRESS.**

cc to Attorney:

Malik, Seth  
75 Essex Street  
Hackensack, NJ 07601



Quest  
DiagnosticsQXA7PA 4801 4948 I-1  
81045 TBR 107312891DAVID PUSHKIN  
300 STATE HWY RTE 3 EAST 114  
EAST RUTHERFORD, NJ 07073-2138

Laboratory Invoice Page 18 of 30

For services not included in your physician's bill.

Invoice Number  
**107312891**Lab Code  
**TBR**

## Customer Service

LOG ON NOW at [www.QuestDiagnostics.com/bill](http://www.QuestDiagnostics.com/bill) to conveniently pay your invoice, provide updated insurance information, or take a patient survey.Phone  
1-866-624-7488

Fax

Weekdays 8:30AM - 5 PM EST Sé Habla Español  
Please have your invoice available for reference.

## Laboratory Tests Were Requested By:

## Most Recent Insurance Claim Filed To:

Referring Physician: STEPHEN SHERER, M.D.  
Physician Address: 714 BERGEN BLVD.  
RIDGEFIELD NJ 07657Insurance Name: MERITAIN HEALTH  
Insurance ID: 987227391  
Group Number: 02850

## Lab Results and Diagnosis Questions Must Be Answered By Your Physician

Patient Name: DAVID PUSHKIN  
Responsible Party: DAVID PUSHKIN  
Date of Service: October 6, 2009Invoice Date: March 3, 2010  
Amount Due: \$367.00  
Payment Due Date: 03/26/2010

It is your responsibility to pay Quest Diagnostics. Please send your check with payment in the enclosed envelope. Your insurance company denied payment indicating you were not covered on the date services were performed. This is your second notice. We appreciate your prompt payment.

Date	CPT Code*	Test Description	Charge	Insurance Discount	Insurance Paid	Medicare/Medicaid Paid	Patient Paid	Patient Owes
10/06/09	80048	BASIC METABOLIC PANEL	\$36.05					
10/06/09	82807	VITAMIN B12,SERUM	\$89.05					
10/06/09	82728	FERRITIN	\$86.80					
10/06/09	82748	FOLATE,SERUM	\$98.90					
10/06/09	83540	IRON,TOTAL	\$23.92					
10/06/09	83550	TIBC	\$32.28					
Tax ID: 16-1387862 ICD-9 Codes: 285.9 584.9 V58.69			\$367.00	\$0.00	\$0.00	\$0.00	\$0.00	\$367.00
Services Performed by: QUEST DIAGNOSTICS, TETERBORO,NJ								

\*The CPT codes provided are based on AMA guidelines and without regard to specific payor requirements.

▲ Please fold and tear payment coupon along perforation and remit with payment in the envelope provided ▲ \* N

2-1006

Quest  
DiagnosticsPayment  
Coupon

Lab Code: TBR

Amount Due

**\$367.00**LOG ON NOW. Pay your bill online securely anytime -  
day or night at [www.QuestDiagnostics.com/bill](http://www.QuestDiagnostics.com/bill)  
or call 1-866-624-7488

Quest Diagnostics also accepts

Due Date: 03/26/2010

Invoice Number: 107312891

Patient Name: DAVID PUSHKIN

Amount Enclosed:

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

## MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS INCORPORATED  
PO BOX 71304  
PHILADELPHIA PA 19176-1304  
Please make your check payable to Quest Diagnostics.  
Be sure to include invoice number on your check.☐ Check here if address has changed.

Please provide your new address information on the back.

Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.



01TBR15010107312891000367007030300702126441960000002





## Explanation of Benefits



Claim Number:	0236794150101016
Date of Injury:	28-Jan-08

Provider TIN: 223356214

Patient: PUSHKIN, DAVID B.  
300 State Highway Route 3 East  
Suite 114  
East Rutherford, NJ 07073

DOS From 10/29/2009 To: 10/29/2009

ICD-9 Code	Diagnosis Description
722.83	POSTLAMINECTOMY SYNDROME OF LUMBAR REGION
724.4	THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS UNSPECIFIED
724.6	DISORDERS OF SACRUM

Date of Service	Procedure Code and Description	Units	Billed Amount	FSJCR Reduction	Statutory Reduction	Discount Amount	Deductible Applied	Copy Applied	SubTotal	Penalty	Total Allowance	Explanation
10/29/2009	99212 OFFICE OUTPT EST 10 MIN	1	120.00	75.88	0.00	0.00	0.00	0.00	44.12	0.00	44.12	818, 101
Total:												44.12

**Amount Due: 44.12**

Patient Responsibility:	Deductible	Copay
	0.00	0.00

### Explanation Codes

101	The fees for this service exceed the amount allowed according to the state Fee Schedule.
818	This CPT code has been reviewed and agreed upon during a code review.



This bill has been reviewed in accordance with New Jersey Automobile Medical Fee Regulations.

Questions regarding this review may be directed to:

Premier Prism Solutions  
P.O. Box 986  
Marlton, NJ 08053

Phone: 856 596-5600  
Fax: 856 596-6300

Date Received: 27-Jan-10  
Date Processed: 05-Mar-10  
Bill ID: 922408-2

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NOTE: AS OF JANUARY 1, 1995, MEDICAL FEE SCHEDULES APPLY TO OUTPATIENT SERVICES PROVIDED BY HOSPITAL OR REHABILITATION FACILITIES.

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**All Appeals MUST BE MAILED TO THE ABOVE ADDRESS.**

cc to Attorney:

Malik, Seth  
75 Essex Street  
Hackensack, NJ 07601



Case 1:10-cv-09212-JGK -DCF Document 13-7 Filed 02/17/11 Page 21 of 30

GEICO NJ PIP  
PO Box 986 Marlton, NJ 08053

PUSHKIN, DAVID B.  
300 State Highway Route 3 East  
Suite 114  
East Rutherford, NJ 07073

Claim#: 0236794150101016  
Date Received: 2/16/2010 2:29:59 PM  
Start DOS: 12/1/2009  
End DOS: 12/1/2009  
Charged Amount: \$120.00  
Patient Responsibility: \$0.00  
EOB ID#: 954216-2  
TIN: 22-3356214  
Payment Amount: \$44.12  
Provider Name: BERGEN ANESTHESIA ASSOCIATES  
Provider Address: PO BOX 34049

Newark, NJ 07189

GEICO NJ PIP  
PO Box 986 Marlton, NJ 08053

BERGEN ANESTHESIA ASSOCIATES

PO BOX 34049

Newark, NJ 07189





## Explanation of Benefits

Insurance Company: GEICO NJ PIP  
PO Box 986  
Marlton, NJ 08053

Claim Number: 0236794150101016

Date of Injury: 28-Jan-08

Adjuster: Fuge, Gina

Provider TIN: 223356214

Provider: BERGEN ANESTHESIA ASSOCIATES  
PO BOX 34049  
Newark, NJ 07189

Patient: PUSHKIN, DAVID B.  
300 State Highway Route 3 East  
Suite 114  
East Rutherford, NJ 07073

Account Number: BG019919

DOS From 12/1/2009 To: 12/1/2009

### ICD-9 Code Diagnosis Description

722.83 POSTLAMINECTOMY SYNDROME OF LUMBAR  
REGION  
724.4 THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS  
UNSPECIFIED  
724.6 DISORDERS OF SACRUM

Date of Service	Procedure Code and Description	Units	Billed Amount	FSUCR Reduction	Statutory Reduction	Discount Amount	Deductible Applied	Copay Applied	SubTotal	Penalty	Total Allowance	Explanation
12/01/2009	98212 OFFICE OUTPT EST 10 MIN	1	120.00	75.88	0.00	0.00	0.00	0.00	44.12	0.00	44.12	818, 101
Total:			120.00	75.88	0.00	0.00	0.00	0.00	44.12	0.00	44.12	

Amount Due: 44.12

Patient Responsibility: Deductible 0.00 Copay 0.00

### Explanation Codes

101 The fees for this service exceed the amount allowed according to the state Fee Schedule.  
818 This CPT code has been reviewed and agreed upon during a code review.





This bill has been reviewed in accordance with New Jersey Automobile Medical Fee Regulations.

Questions regarding this review may be directed to:

Premier Prism Solutions  
P.O. Box 986  
Marlton, NJ 08053

Phone: 856 596-5600  
Fax: 856 596-6300

Date Received: 16-Feb-10  
Date Processed: 05-Mar-10  
Bill ID: 954216-2

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**All Appeals MUST BE MAILED TO THE ABOVE ADDRESS.**

cc to Attorney:

Malikin, Seth  
75 Essex Street  
Hackensack, NJ 07601



Case 1:10-cv-09212-JGK -DCF Document 13-7  
 NJ CENTER FOR PROSTATE CANCER & UROLOGY  
 255 WEST SPRING VALLEY AVENUE  
 SUITE 101  
 MAYWOOD, NJ 07607

35346



0101

PAGE: 1 of 1

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.  
 CHECK CARD USING FOR PAYMENT  
☐ MASTERCARD ☐ VISA  
 CARD NUMBER SIGNATURE CODE  
 SIGNATURE EXP. DATE

STATEMENT DATE	ACCOUNT NUMBER
10/19/09	28735
PLEASE PAY THIS AMOUNT	AMOUNT ENCLOSED
\$120.00	

653056

ADDRESSEE:  
 DAVID B PUSHKIN  
 300 STATE HWY 3 EAST, SUITE 114  
 E RUTHERFORD, NJ 07073-2138

REMIT TO:  
 NJ CENTER FOR PROSTATE CANCER & UROLOGY  
 255 W. SPRING VALLEY AVE.  
 SUITE #101  
 MAYWOOD, NJ 07607-1444

35346\*TRV0R2MOC000309

☐ Please check box if incorrect or insurance information has changed, and indicate change(s) on reverse side.

↑ PLEASE DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT ↑

Date	Patient	Service Description	CPT	DX	Prov	Msg	Charge	Payment	Adjustment	Balance Due
10/05/09	DAVID	E/m Established Pt Office	99213	600.01	4		150.00			120.00
		Servicing Provider: GREGORY G LOVALLO MD MD								
		10/05/2009 Patient Payment						30.00		

MAKE YOUR  
CHECKS  
PAYABLE TO



NJ CENTER FOR PROSTATE CANCER & UROLOGY  
 255 W. SPRING VALLEY AVE.  
 SUITE #101  
 MAYWOOD, NJ 07607-1444



SEE REVERSE SIDE  
IF AN INSURANCE  
MESSAGE APPEARS

Please Pay This  
Amount

\$120.00

## COMMENTS:

Please pay within 30 days...thank you

28735			120.00						
Account #	Date Last Paid	Amount	Current	Past Due	Collection	Ins Pending	Finance Charge	Budget Amount	

THIS CHECK IS NOT VALID FOR CASH WITHDRAWAL. THE ONLY BANK THAT WILL CASH THIS CHECK IS THE BANK OF AMERICA.



GEICO NJ PIP  
PO Box 986 Marlton, NJ 08053

PUSHKIN, DAVID B.  
300 State Highway Route 3 East  
Suite 114  
East Rutherford, NJ 07073

Claim#: 0236794150101018  
Date Received: 1/27/2010 11:30:40 AM  
Start DOS: 10/29/2009  
End DOS: 10/29/2009  
Charged Amount: \$120.00  
Patient Responsibility: \$0.00  
EOB ID#: 922408-2  
TIN: 22-3356214  
Payment Amount: \$44.12  
Provider Name: BERGEN ANESTHESIA ASSOCI/  
Provider Address: PO BOX 34049  
Newark, NJ 07189

GEICO NJ PIP  
PO Box 986 Marlton, NJ 08053

BERGEN ANESTHESIA ASSOCIATES  
PO BOX 34049

Newark, NJ 07189



**SETH KANE, M.D., F.A.A.O.S**

277 FOREST AVENUE

SUITE 201

DIPLOMATE OF THE  
AMERICAN BOARD OF  
ORTHOPEDIC SURGERY

PARAMUS, NEW JERSEY 07652

(201) 261-7980

FAX: (201) 261-8050

ORTHOPEDIC SURGERY  
SPORTS MEDICINE

**PATIENT NAME:** Pushkin, David  
**DATE OF VISIT:** February 1, 2008

**CHIEF COMPLAINT:**

Follow-up back pain.

**HISTORY OF PRESENT ILLNESS:**

He, unfortunately, four days ago, was in a motor vehicle accident. He was rear ended when he was on his way to his teaching job. He estimates that the pickup truck that hit him was going 10-15 miles an hour and jarred him. He has had an increase in his back pain. He feels that there is more weakness in his left leg than pre. He is status post a very complex anterior and posterior spine surgery for decompression and fusion at L3 to the sacrum. He was seen at the emergency room at Hackensack Medical Center. He is on some Skelaxin. By the end of the day, especially as the week goes on, he gets more pain and has had to resort to using some of his old morphine pills. He has come back to part time teaching. This increased activity is contributing to the fatigue and the soreness by the end of the day, but this has been markedly aggravated by the accident over his baseline level. He is now 14 months post disk complex surgery. He has been slowly improving strength in his legs. The left is still prominently lagging behind the right, but he feels that he is gone backwards since the accident. He is now much more dependent on a cane. He also has been having fluctuations of fluid up and down over some months, which causes weight gain or loss. He is about to have an endocrine evaluation and may need some renal evaluation as well.

**PHYSICAL EXAMINATION:**

On examination now, he has really only mild lower back pain. He has prominent loss of motion of his back in all directions, but he reports this as not drain much different from his baseline post surgery. Straight leg raising is negative. Hip mobility is normal and pain-free. He does have some pains in the left leg. There is still atrophy of the left thigh muscles. There is some swelling, although a mild nature around his ankle. I have seen his left leg much more swollen at times. On strength testing, quadriceps, right 5-, left, 4-. Hamstring, right, 5-, left, 4-. The muscles about the toes, dorsiflexion, right 5, left 4. Plantarflexion, right 5, left 4. Peroneal right, 5-, left 3. Anterior tibial and posterior tibial right 5-, left 4.

Overall, I agree his leg muscles, especially the quadriceps, are not functioning quite as well as they were pre accident. His back pain is increased somewhat.





**SETH KANE, M.D., F.A.A.O.S**

RE: Pushkin, David  
February 1, 2008

Page 2

**DIAGNOSTIC STUDIES:**

I reviewed a whole series of x-rays from Hackensack Hospital, including an assortment of lumbar pictures, AP and lateral, obliques and pelvis. She has a very extensive anterior and posterior fusion at L3 down. There is an anterolisthesis of L5 on S1 but apparently the fusion extended across both SI joints as well.

**ASSESSMENT:**

I do not think that there has been any disruption of his complex surgery. I think this is all myofascial soft tissue injuries of a fortunately, fairly mild nature. I am concerned about definitely some decreased strength of the left leg, especially the quadriceps.

**PLAN:**

I will see him in three weeks. He will do exercising on his own. If enough pain and weakness persists compared to his baseline, then he may have to go to therapy.

---

Seth Kane, M.D., P.A.

Job 2296

SK/lac/tdk



**SETH KANE, M.D. F.A.A.O.S**

277 FOREST AVENUE

SUITE 201

DIPLOMATE OF THE  
AMERICAN BOARD OF  
ORTHOPEDIC SURGERY

PARAMUS, NEW JERSEY 07652

(201) 261-7980

FAX: (201) 261-8050

ORTHOPEDIC SURGERY  
SPORTS MEDICINE

**PATIENT NAME:** Pushkin, David  
**DATE OF VISIT:** February 25, 2008

**CHIEF COMPLAINTS:**

1. Lower thoracic, upper back pain.
2. Follow-up lower back pain.

**HISTORY OF PRESENT ILLNESS:**

Post motor vehicle accident, he has new pain in the lower thoracic to upper lumbar region. He has some modest increase in the lower lumbar pain, where he has had the old surgery and instrumentation 11 months ago. He feels his gait is a little more clumsy and at times, he gets tingly feelings down into his feet. He is still having issues with fluid retention in the legs. He is still walking with a cane but for short distances, he is carrying it more than using it.

**PHYSICAL EXAMINATION:**

On examination, he has poor sitting posture. There is tenderness diffusely in the lower thoracic to upper lumbar paraspinous muscles bilaterally. He has tenderness directly over the lower hardware pins distally, which is exacerbated since the car accident. Range of motion of the back is prominently limited, but not particularly changed. He has significant residual weakness of the muscles much more on the left side, but not dramatically different than his motor examination pre-accident. He is walking with a somewhat wide-based gait. There is edema of the left leg to a moderate degree.

**ASSESSMENT/PLAN:**

The plan is to send him to physical therapy to try to get him back to his pre-accident level as quickly as possible. I think the new injuries are soft tissue and not structural.

I will see him in a month.

  
**Seth Kane, M.D., P.A.**

Job 2482

SK/lac/tdk



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**SETH KANE, M.D., F.A.A.O.S**

277 FOREST AVENUE

SUITE 201

DIPLOMATE OF THE  
AMERICAN BOARD OF  
ORTHOPEDIC SURGERY

PARAMUS, NEW JERSEY 07652

(201) 261-7930

FAX: (201) 261-3050

ORTHOPEDIC SURGERY  
SPORTS MEDICINE**PATIENT NAME:** Pushkin, David  
**DATE OF VISIT:** April 28, 2008**CHIEF COMPLAINT:**  
Left lower extremity pain.**HISTORY OF PRESENT ILLNESS:**

He is now three months post motor vehicle accident and about a year post anterior and posterior complex decompression and fusion of his lumbar spine. He and I had a very long talk today. His main problem now is progressively he gets edema of the left leg up to the knee as the day goes on. When he first gets up in the morning, he does not have leg pain. As the edema gradually developed during the day, he does develop leg pain. He still gets around with a cane. He has a degree of back pain. He has been going to therapy; the therapy helps his back, but does not make any difference for his leg.

**PHYSICAL EXAMINATION:**

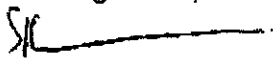
On examination, he is more comfortable today than I have seen him previously and he agrees with this. He has grade 4+/5 quadriceps strength on the left and hamstring strength is the same. Anterior, posterior tibial, peroneal and gastrocnemius soleus strength is now pushing 5/5 which is certainly improved. I am seeing him early in the afternoon and he has not been on his feet much today and he has his stockings on and has only very slight edema around the ankle. By the end of the day, his ankle and calf are massively swollen by his description.

**ASSESSMENT:**

After our discussion, he and I pretty much agree that his muscle power is now better than it was pre-car accident. The back pain is at an acceptable level. The leg edema progressing during the day is his worst problem.

**PLAN:**

I am recommending he go back to the vascular surgeon again. Options would be go back on Lasix and possibly a more rigid compressive support stocking. The question is whether there is anything else that can be offered for his veins, which presumably are not working well. He should continue with the home exercise program but the current plan is to let the therapy lapse. He is seeing Dr. Park for pain management, who has him on the combination of several medications.

  
**Seth Kane, M.D., P.A.**  
Job 3103  
SK/tdk



## Pain Management

433 Hackensack Ave  
Continental plaza  
2<sup>nd</sup> Floor  
Hackensack, NJ 07601



Office: (201) 487-7246  
Fax: (201) 487-4600

Date: April 1, 2008

Name: Pushkin (Last) David (First) B (Middle)

Address: 200 Winston Drive, #12 (City) Cliffside Park (State) NJ (Zip) 07010

Home: (201) ~~201~~ 224-0587 Work: <sup>718</sup> ~~(201)~~ 862-7945 Cell: (201) 206-5160

Age: 45 DOB: 3/21/63 SS#: 077-54-4120 ☒ M ☐ F

Height: 5-8 Weight: 190 Occupation: Chemistry/Physics Professor

Referring MD: Benjamin Rosenbluth Telephone: ( )

Address: Holy Name Hospital (City) (State) (Zip)

Primary MD: See attached Telephone: ( )

Address: (City) (State) (Zip)

Emergency Contact: Ms. Beth Nussbaum Tel. # (917) 593-8429 (WIFE)

Chief Complaint: Continued pain/fatigue in back & left leg  
relative to 3/21/07 spinal surgery (L2-S1) and subsequent  
PT/medical treatment

Medical History:  
Are you currently under medical treatment? ☒ Yes ☐ No

Please list all issues Pain/stiffness/swelling in left leg, dull ache in post-op  
area of sacrum, sharp pain in scapulae/rt. side of sternum

When did you have your last physical exam? Date: 12/17/07 By whom: Dr. Alvin Westenshel

Surgical History: ☒ Yes ☐ No

List type of surgery: L2-S1 Laminectomy/Fusion surgery on 3/21/07 -  
subsequent DUT in left knee & post-op MRSA

#### Allergies:

Do you have any allergies to medication, foods, dye (iodine)? ☒ Yes ☐ No

If yes please list: Penicillin

Have also experienced bad side effects  
from Lyrica (treatment 8/07-10/07)

MVA returned  
2008





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Any Latex allergies? ☐ Yes ☒ No

Reaction: \_\_\_\_\_

#### Medications:

Please list all your current **pain** medications-prescriptions and non-prescriptions: (please include your dosage and how many per day)

Skelaxin 800mg tid/qid Tylenol PRN Previous -  
Tramadol 50-100mg PRN Lidoderm patches PRN MSIR 30mg PRN  
Lyricea 200mg daily

Please list all your current **non-pain** medications: (please give doses and how often you take your medication)  
(Ex: high blood pressure, cholesterol, blood thinner, non-prescription and herbal)

Diovan HCT 80mg/12.5mg 1x daily Amitiza 24Mg bid  
Tricor 145mg 1x daily Lipitor 1x daily (10mg)

List any doctors, chiropractors, physical therapy, treatment plans or other health care professionals who have treated your pain and treatment done:

In-patient PT 3/07-5/07 Focus on leg strength  
Out-patient PT 7/07-10/07 & walking

Family History of Medical Problems: Rheumatoid & Osteoarthritis, Diabetes  
Colorectal cancer, Lupus, Cardiovascular disease

#### Social History:

Do you smoke? ☐ Yes ☒ No Quit 1986 How many packs per day: \_\_\_\_\_ For how many years: \_\_\_\_\_

Do you drink alcohol? ☒ Yes ☐ No What do you drink: Wine How frequent: 1-2x/week

Have you ever used any illegal/illicit drugs? ☐ Yes ☒ No (i.e.: marijuana, heroin, cocaine, etc.)

Please explain and list: \_\_\_\_\_

#### Domestic Situation:

Marital status: ☐ Single ☒ Married ☐ Divorced ☐ Widowed ☐ Other: \_\_\_\_\_

With whom do you live? Wife No. of children: 0

Are there any substance abuse issues in the household? ☐ Yes ☒ No

If yes, please explain: \_\_\_\_\_



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Are you able to take care of yourself? ☒ Yes ☐ No

If no please enter name of care giver: \_\_\_\_\_

### Work History

Job

Yrs Worked

Reason for leaving

Have been a chem/phys professor/teacher since  
1984

### Legal Matters

Are you presently involved in a lawsuit? ☐ Yes ☒ No

If yes please explain: \_\_\_\_\_

Are you filing for disability? ☐ Yes ☒ No

If yes please explain: \_\_\_\_\_

### Review of System:

Have you ever had any of the following? (Please check either Yes or No)

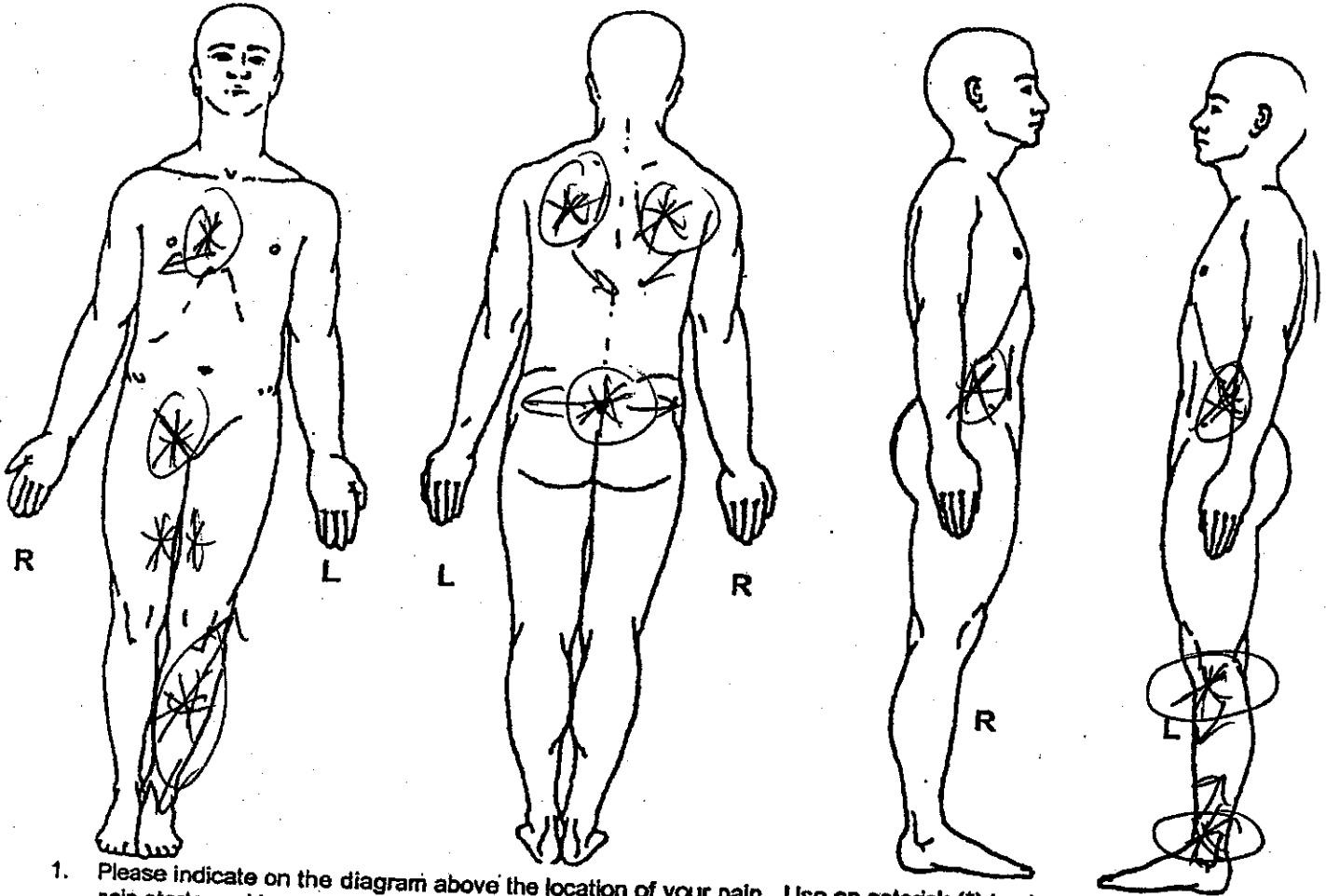
	Yes	No		Yes	No		Yes	No
Anemia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Migraines	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Anorexia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glaucoma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mitral valve prolapse	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Arthritis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart Murmur	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mumps	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						Pacemaker	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Hepatitis: type: _____			Pneumonia	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Back Problem	<input checked="" type="checkbox"/>	<input type="checkbox"/>				Stroke	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bleeding tendency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	when: _____			Thyroid Problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blood disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hernia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tonsillitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cancer (pre)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Herpes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tuberculosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chemotherapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	High blood pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ulcer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other conditions: _____		
Chronic fatigue syndrome	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Circulatory problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Cough (persistent or bloody)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Liver disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Low blood pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Emphysema	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Measles	<input type="checkbox"/>	<input checked="" type="checkbox"/>			



BERGEN ANESTHESIA ASSOCIATES

## PAIN MANAGEMENT CENTER

Physical Exam &amp; Pain Focus:



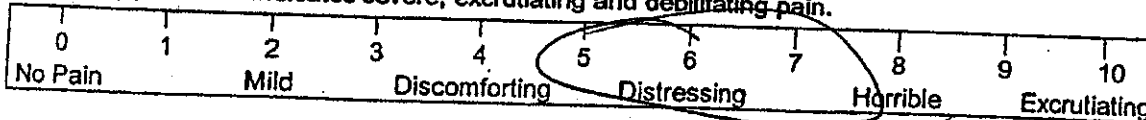
1. Please indicate on the diagram above the location of your pain. Use an asterisk (\*) to show where the pain starts and is most severe. Use an arrow to show the direction or how the pain travels. You may use more than one asterisk and arrow. By each asterisk please rate level of pain using 0-10.

2. Pain site in order of severity: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

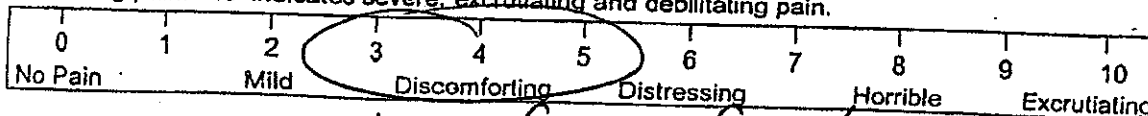
3. Please check the words that best describe your pain:

☒ Dull ☐ Stabbing ☒ Tender ☐ Shock like ☐ Numb ☒ Throbbing ☐ Gnawing  
☒ Burning ☐ Penetrating ☒ Unbearable ☒ Shooting ☐ Sharp ☒ Tiring ☒ Nagging

4. What time of day is your pain the worst? (please check one) ☒ Morning ☐ Afternoon ☐ Evening ☒ Night time  
 Please rate your pain on the numerical scale below. '0' indicates no pain. '5' indicates mild to discomforting pain. '10' indicates severe, excruciating and debilitating pain.



5. What time of day is your pain the least? (please check one) ☐ Morning ☒ Afternoon ☐ Evening ☐ Night time  
 Please rate your pain on the numerical scale below. '0' indicates no pain. '5' indicates mild to discomforting pain. '10' indicates severe, excruciating and debilitating pain.



6. Duration of pain: can last for a few hours



BERGEN ANESTHESIA ASSOCIATES

## PAIN MANAGEMENT CENTER

Circle the numbers below that best describe how pain has interfered with your daily functioning.

## GENERAL ACTIVITY

0 1 2 3 4 5 6 7 8 9 10  
Does not interfere Completely interferes

## MOOD

0 1 2 3 4 5 6 7 8 9 10  
Does not interfere Completely interferes

## WALKING ABILITY

0 1 2 3 4 5 6 7 8 9 10  
Does not interfere Completely interferes

## NORMAL WORK ROUTINE

0 1 2 3 4 5 6 7 8 9 10  
Does not interfere Completely interferes

## RELATIONS WITH OTHER PEOPLE

0 1 2 3 4 5 6 7 8 9 10  
Does not interfere Completely interferes

## SLEEP

0 1 2 3 4 5 6 7 8 9 10  
Does not interfere Completely interferes

## ENJOYMENT OF LIFE

0 1 2 3 4 5 6 7 8 9 10  
Does not interfere Completely interferes

## ABILITY TO CONCENTRATE

0 1 2 3 4 5 6 7 8 9 10  
Does not interfere Completely interferes

## APPETITE

0 1 2 3 4 5 6 7 8 9 10  
Does not interfere Completely interferes

What level of pain do you think you could function with on a daily basis?

0 1 2 3 4 5 6 7 8 9 10

No pain

Worst pain imaginable

Pain affects my ability to enjoy:

Getting back to normal  
work, life, activity routine

Quality of sleep:

Not good - up every 2-3 hours





**Interventional Pain Medicine**

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680 Kinderkamack Road, Suite 207  
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www.njpainmedicine.com

**Date:** 7/16/09

**Patient:** Pushkin, David

**Chief Complaint:** Back and Leg Pain

**Location:** Oradell Office

**Problem List:**

Lumbar Back Pain, L2-S1 Laminectomy, Facetectomy, Fusion, Disc Replacement at L3, 4,5.

Hypercholesterolemia

Hypertension

TB

**Progress Note:**

Dr. Pushkin comes today for a follow up visit for chronic lumbar back pain secondary to post laminectomy pain syndrome. He states that his pain has increased. He reports bilateral lumbar back pain with radiating pain down his left leg, along the front of the leg and lateral ankle. He reports pain in his upper lumbar back. Pain is worse with walking and sitting. He denies any new weakness or loss of sensation in his lower extremities. He has difficulty walking and uses a cane for assistance. He reports that he is using more breakthrough medication. He saw Dr. Roth who is working him out for possible surgery. He also had a urodynamic study, which shows urinary retention. He is taking opana ER 20mg BID, Opana 5mg BID prn, Topamax 100mg BID, and Celebrex 200mg BID. He denies any significant side effects from his medications.

Pain score today is 7/10

**Medications** include opana ER 20 mg BID, Opana 5mg BID prn, Celebrex 200mg BID, Topamax 100mg BID, and Provigil 200mg QD

**Physical Exam:**

Alert and oriented time three

No gross Neurologic deficit

Pain: Bilateral Lumbar Back and left leg. Tenderness over upper lumbar facets.

Hypoesthesia in dorsal foot, plantar foot, lateral and medial ankle.

**Review of Systems:**

No signs of over sedation or mental status changes.

Denies nausea, vomiting, or constipation.

All other systems reported negative as per patient.

**Bone scan 6.2008**

Increased uptake in bilateral SI joints and L2 level



**Patient: Pushkin, David**

**CT Myelogram 6.3.08**

1. s/p Laminectomy at L3,4, 5 with anterior and posterior fusion at L2-S1.
2. Slight posterior disc bulging at L1-2 with a posterior lateral disc herniation on the left side.
3. A small anterolateral extradural mass at L2-3 level on the left side, probably representing a small posterolateral herniated disc.
4. Slight spinal stenosis at L5-S1
5. Grade 2 spondylolisthesis of L5 on S1.

**MRI Cervical Neck 1.21.09**

1. C2-3 facet degenerative arthritis and is associated with subchondral cyst formation associated with facet overgrowth.
2. Neural foraminal narrowing at multiple levels is seen as a result of endplate change and facet degenerative arthropathy.

**MRI Lumbar Spine 1.21.09**

1. L2-S1 fusion.
2. L1-2 greater extension of the disc beyond the end plate and is associated with retrolisthesis of L1 relative to L2 of several millimeters, which is new since preoperative MRI of 12/18/06.
3. L4 fluid collection from inferior spinous process of L3 to the mid L5 vertebral body level with peripheral rim enhancement.
4. Neural foraminal compromise bilaterally at L5-S1 is a result of the anterolisthesis of L5 relative to S1, is similar to preoperative study.

**Assessment and Plan:**

Mr. Pushkin comes today for a follow up visit for chronic lumbar back and leg pain secondary to post laminectomy pain syndrome and SI joint pain. He continues to have bilateral lumbar back pain with radiculopathy. He feels that his pain is getting significantly worse. He reports increased need for breakthrough pain medication. He appears to be taking his medications appropriately. His pill count was appropriate. He denies any significant side effects from his medications.

1. Increase Opana ER to 40 mg twice daily and Opana IR 10mg twice daily as needed for pain.
3. Continue Celebrex 200mg BID.
4. Continue Topamax 100mg BID
5. Continue provigil to 200mg BID
6. Follow up in 1 month.
7. Follow up with Dr. Roth regarding surgical options.



Kenneth Park, DO

Diplomate, American Board of Anesthesiology  
Board Certification in Pain Medicine

CC:

Hooman Azmi, MD  
Patrick Roth, MD  
Stephen Sherer, MD Fax: 201.945.5604



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Bergen Anesthesia Associates  
680 Kinderkamack Road, Suite 207  
Oradell, NJ 07649  
Tel: 1.201.487.7246 Fax: 1.201.225.0207  
www.njpainmedicine.com

**Date:** 9/10/09

**Patient:** Pushkin, David

**Chief Complaint:** Back and Leg Pain

**Location:** Oradell Office

**Problem List:**

Lumbar Back Pain, L2-S1 Laminectomy, Facetectomy, Fusion, Disc Replacement at L3, 4,5.  
Hypercholesterolemia  
Hypertension  
TB

**Progress Note:**

Dr. Pushkin comes today for a follow up visit for chronic lumbar back pain secondary to post laminectomy pain syndrome. He states that his pain is controlled with morphine. He reports bilateral lumbar back pain with radiating pain down bilateral leg, along the front of the leg and lateral ankle. Pain is worse with walking and sitting. He denies any new weakness or loss of sensation in his lower extremities. He has difficulty walking and uses a cane for assistance. He saw Dr. Roth regarding surgery. As per their conversation the feeling is that he is too high risk for repeat surgery. He is taking Avinza 90mg QD, MSIR 15mg QID prn, Topamax 100mg BID, and Celebrex 200mg BID. He denies any significant side effects from his medications. He would like to explore non-narcotic options for pain treatment since he is not having surgery.

Pain score today is 6/10

Medications include Avinza 90mg QD, MSIR 15mg QID prn, Celebrex 200mg BID, Topamax 100mg BID, and Provigil 200mg QD

**Physical Exam:**

Alert and oriented time three

No gross Neurologic deficit

Pain: Bilateral Lumbar Back and left leg. Tenderness over upper lumbar facets.

Hypoesthesia in dorsal foot, plantar foot, lateral and medial ankle.

Swelling and edema in his left ankle with tenderness in his left calf muscle.

**Review of Systems:**

No signs of over sedation or mental status changes.

Denies nausea, vomiting, or constipation.

All other systems reported negative as per patient.

**Bone scan 6.2008**

Increased uptake in bilateral SI joints and L2 level



**Patient: Pushkin, David**

**CT Myelogram 6.3.08**

1. s/p Laminectomy at L3,4, 5 with anterior and posterior fusion at L2-S1.
2. Slight posterior disc bulging at L1-2 with a posterior lateral disc herniation on the left side.
3. A small anterolateral extradural mass at L2-3 level on the left side, probably representing a small posterolateral herniated disc.
4. Slight spinal stenosis at L5-S1
5. Grade 2 spondylolisthesis of L5 on S1.

**MRI Cervical Neck 1.21.09**

1. C2-3 facet degenerative arthritis and is associated with subchondral cyst formation associated with facet overgrowth.
2. Neural foraminal narrowing at multiple levels is seen as a result of endplate change and facet degenerative arthropathy.

**MRI Lumbar Spine 1.21.09**

1. L2-S1 fusion.
2. L1-2 greater extension of the disc beyond the end plate and is associated with retrolisthesis of L1 relative to L2 of several millimeters, which is new since preoperative MRI of 12/18/06.
3. L4 fluid collection from inferior spinous process of L3 to the mid L5 vertebral body level with peripheral rim enhancement.
4. Neural foraminal compromise bilaterally at L5-S1 is a result of the anterolisthesis of L5 relative to S1, is similar to preoperative study.

**Assessment and Plan:**

Mr. Pushkin comes today for a follow up visit for chronic lumbar back and leg pain secondary to post laminectomy pain syndrome and SI joint pain. He continues to have bilateral lumbar back pain with radiculopathy. His pain is better controlled since being rotated to morphine. He appears to be taking his medications appropriately. His pill count was appropriate and had 42 extra MSIR pills. He denies any significant side effects from his medications.

1. Continue Avinza 90mg QD and MSIR 15mg QID prn pain.
2. Continue Celebrex and Topamax.
3. Doppler's of the lower extremity was negative for DVT. He was started on lasix for edema.
4. He may schedule for a IV lidocaine infusion for lower extremity neuropathic pain.
5. Follow-up in one month for medical management.
6. I discussed with him the possibility of neurostimulation. He does not like the idea of an implant.



Kenneth Park, DO

Diplomate, American Board of Anesthesiology  
Board Certification in Pain Medicine

**CC:**

Hooman Azmi, MD /

Patrick Roth, MD /

Stephen Sherer, MD Fax: 201.945.5604 /





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www.njpainmedicine.com

**Date:** 9/17/09

**Patient:** Pushkin, David

**Chief Complaint:** Left leg radiculopathy

**Procedure:** IV Lidocaine

**Location:** Holy Name Hospital, Teaneck, NJ

**History:**

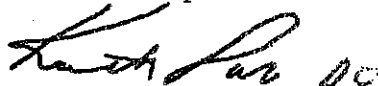
Mr. Pushkin comes with left leg pain and lumbar back pain. He has a history of multilevel spinal fusion with disc replacement. He reports pain over the left leg and foot. There are no neurologic deficits. He presents for an IV lidocaine trial for radiculopathy.

**IV Lidocaine**

After obtaining written consent, pre-infusion blood pressure and pulse were normal and recorded in the nursing record. An IV was started in patient's right arm and was running freely. The visual analogue pain score at the beginning of the procedure was 4/10. The patient received 40 cc's of 2% Lidocaine in 250 ml of normal saline over 60 minutes. Total Lidocaine dose is 400mg. The patient tolerated the infusion well without complications. At the termination of the infusion the visual analogue pain score was 2/10. Following the infusion the patient's vital signs were normal and recorded in the nursing record. The intravenous was removed. The patient was discharged home in good condition after being given discharge instructions.

**Plan:**

1. Follow up in 2 weeks in the office



Kenneth Park, DO

Diplomate, American Board of Anesthesiology  
Board Certification in Pain Medicine



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www.njpainmedicine.com

**Date:** 10/01/09

**Patient:** Pushkin, David

**Chief Complaint:** Back and Leg Pain

**Location:** Oradell Office

**Problem List:**

Lumbar Back Pain, L2-S1 Laminectomy, Facetectomy, Fusion, Disc Replacement at L3, 4,5.

Hypercholesterolemia

Hypertension

TB

Urinary Retention

**Progress Note:**

Dr. Pushkin comes today for a follow up visit for chronic lumbar back pain secondary to post laminectomy pain syndrome. He was recently discharged from HUMC for urinary retention. He states that he is feeling better. He reports that his pain significantly better since the lidocaine infusion. He reports that pain as a dull ach only. He was taken off the Avinza after discharge from HUMC. He is taking MSIR 30mg TID prn, Topamax 100mg BID, and Celebrex 200mg BID. He denies any significant side effects from his medications.

Pain score today is 5/10

**Medications** include MSIR 30mg TID prn, Celebrex 200mg BID, Topamax 100mg BID, and Provigil 200mg QD

**Physical Exam:**

Alert and oriented time three

No gross Neurologic deficit

Pain: Bilateral Lumbar Back and left leg. Tenderness over upper lumbar facets.

Hypoesthesia in dorsal foot, plantar foot, lateral and medial ankle.

Swelling and edema in his left ankle with tenderness in his left calf muscle.

**Review of Systems:**

No signs of over sedation or mental status changes.

Denies nausea, vomiting, or constipation.

All other systems reported negative as per patient.

**Bone scan 6.2008**

Increased uptake in bilateral SI joints and L2 level



**Patient:** Pushkin, David

**CT Myelogram 6.3.08**

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3. A small anterolateral extradural mass at L2-3 level on the left side, probably representing a small posterolateral herniated disc.
4. Slight spinal stenosis at L5-S1
5. Grade 2 spondylolisthesis of L5 on S1.

**MRI Cervical Neck 1.21.09**

1. C2-3 facet degenerative arthritis and is associated with subchondral cyst formation associated with facet overgrowth.
2. Neural foraminal narrowing at multiple levels is seen as a result of endplate change and facet degenerative arthropathy.

**MRI Lumbar Spine 1.21.09**

1. L2-S1 fusion.
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4. Neural foraminal compromise bilaterally at L5-S1 is a result of the anterolisthesis of L5 relative to S1, is similar to preoperative study.

**Assessment and Plan:**

Mr. Pushkin comes today for a follow up visit for chronic lumbar back and leg pain secondary to post laminectomy pain syndrome and SI joint pain. He reports bilateral lumbar back pain with radiculopathy. His pain is better controlled since the IV lidocaine. He was recently hospitalized for urinary retention. He appears to be taking his medications appropriately. He has stopped Avinza and is on MSIR only. He denies any significant side effects from his medications.

1. Continue MSIR 15-30 mg TID prn pain.
2. Continue Celebrex and Topamax.
3. Follow-up in one month for medical management.



Kenneth Park, DO

Diplomate, American Board of Anesthesiology  
Board Certification in Pain Medicine

CC:

Stephen Sherer, MD Fax: 201.945.5604 ✓



**Interventional Pain Medicine**

Bergen Anesthesia Associates  
680 Kinderkamack Road, Suite 207  
Oradell, NJ 07649  
Tel: 1.201.487.7246 Fax: 1.201.225.0207  
www.njpainmedicine.com

**Date:** 10/29/09

**Patient:** Pushkin, David

**Chief Complaint:** Back and Leg Pain

**Location:** Oradell Office

**Problem List:**

Lumbar Back Pain, L2-S1 Laminectomy, Facetectomy, Fusion, Disc Replacement at L3, 4,5.

Hypercholesterolemia

Hypertension

TB

Urinary Retention

**Progress Note:**

Dr. Pushkin comes today for a follow up visit for chronic lumbar back pain secondary to post laminectomy pain syndrome. He reports that his back and leg pain has been increasing. Pain radiates into his left leg. He reports that his pain significantly was better after the lidocaine infusion. He has been taking Avinza intermittently. He is taking MSIR 30mg TID prn, Topamax 100mg BID, and Celebrex 200mg BID. He denies any significant side effects from his medications. He denies any problems urinating.

Pain score today is 5/10

**Medications** include MSIR 30mg TID prn, Celebrex 200mg BID, Topamax 100mg BID, and Provigil 200mg QD

**Physical Exam:**

Alert and oriented time three

No gross Neurologic deficit

Pain: Bilateral Lumbar Back and left leg. Tenderness over upper lumbar facets.

Hypoesthesia in dorsal foot, plantar foot, lateral and medial ankle.

Swelling and edema in his left ankle with tenderness in his left calf muscle.

**Review of Systems:**

No signs of over sedation or mental status changes.

Denies nausea, vomiting, or constipation.

All other systems reported negative as per patient.

**Bone scan 6.2008**

Increased uptake in bilateral SI joints and L2 level





**Patient: Pushkin, David**

**CT Myelogram 6.3.08**

1. s/p Laminectomy at L3,4, 5 with anterior and posterior fusion at L2-S1.
2. Slight posterior disc bulging at L1-2 with a posterior lateral disc herniation on the left side.
3. A small anterolateral extradural mass at L2-3 level on the left side, probably representing a small posterolateral herniated disc.
4. Slight spinal stenosis at L5-S1
5. Grade 2 spondylolisthesis of L5 on S1.

**MRI Cervical Neck 1.21.09**

1. C2-3 facet degenerative arthritis and is associated with subchondral cyst formation associated with facet overgrowth.
2. Neural foraminal narrowing at multiple levels is seen as a result of endplate change and facet degenerative arthropathy.


**MRI Lumbar Spine 1.21.09**

1. L2-S1 fusion.
2. L1-2 greater extension of the disc beyond the end plate and is associated with retrolisthesis of L1 relative to L2 of several millimeters, which is new since preoperative MRI of 12/18/06.
3. L4 fluid collection from inferior spinous process of L3 to the mid L5 vertebral body level with peripheral rim enhancement.
4. Neural foraminal compromise bilaterally at L5-S1 is a result of the anterolisthesis of L5 relative to S1, is similar to preoperative study.

**Assessment and Plan:**

Mr. Pushkin comes today for a follow up visit for chronic lumbar back and leg pain secondary to post laminectomy pain syndrome and SI joint pain. He reports bilateral lumbar back pain with radiculopathy. His pain has increased. His urinary retention issue has resolved. He appears to be taking his medications appropriately. He has stopped Avinza and is on MSIR only. He denies any significant side effects from his medications.

1. Continue MSIR 15-30 mg TID prn pain.
2. Continue Celebrex and Topamax.
3. Schedule for a repeat IV lidocaine infusion. I am hoping that this will allow us to only use low dose opioid.



Kenneth Park, DO

Diplomate, American Board of Anesthesiology  
Board Certification in Pain Medicine

CC:

Stephen Sherer, MD Fax: 201.945.5604 /



**Interventional Pain Medicine**

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680 Kinderkamack Road, Suite 207  
Oradell, NJ 07649  
Tel: 1.201.487.7246 Fax: 1.201.225.0207  
www.njpainmedicine.com

**Date:** 12/1/09

**Patient:** Pushkin, David

**Chief Complaint:** Back and Leg Pain

**Location:** Oradell Office

**Problem List:**

Lumbar Back Pain, L2-S1 Laminectomy, Facetectomy, Fusion, Disc Replacement at L3, 4,5.

Hypercholesterolemia

Hypertension

TB

Urinary Retention

**Progress Note:**

Dr. Pushkin comes today for a follow up visit for chronic lumbar back pain secondary to post laminectomy pain syndrome. He reports that his back and leg pain has been increasing. Pain radiates into his left leg. He was unable to have a repeat lidocaine infusion because his case was closed. He found that the Lidocaine infusion has helped him significantly. He has been taking Avinza intermittently along with MSIR 30mg TID prn. He has been out of the MSIR because he was unable to see me prior to my vacation. He states that the Avinza has been causing GI upset. He took some Opana IR for breakthrough pain since he had left over at work. He denies any problems urinating.

Pain score today is 5/10

**Medications** include MSIR 30mg TID prn, Celebrex 200mg BID, Topamax 100mg BID, and Provigil 200mg QD

**Physical Exam:**

Alert and oriented time three

No gross Neurologic deficit

Pain: Bilateral Lumbar Back and left leg. Tenderness over upper lumbar facets.

Hypoesthesia in dorsal foot, plantar foot, lateral and medial ankle.

Swelling and edema in his left ankle with tenderness in his left calf muscle.

**Review of Systems:**

No signs of over sedation or mental status changes.

Denies nausea, vomiting, or constipation.

All other systems reported negative as per patient.

**Bone scan 6.2008**

Increased uptake in bilateral SI joints and L2 level



**Patient:** Pushkin, David

**CT Myelogram 6.3.08**

1. s/p Laminectomy at L3,4, 5 with anterior and posterior fusion at L2-S1.
2. Slight posterior disc bulging at L1-2 with a posterior lateral disc herniation on the left side.
3. A small anterolateral extradural mass at L2-3 level on the left side, probably representing a small posterolateral herniated disc.
4. Slight spinal stenosis at L5-S1
5. Grade 2 spondylolisthesis of L5 on S1.

**MRI Cervical Neck 1.21.09**

1. C2-3 facet degenerative arthritis and is associated with subchondral cyst formation associated with facet overgrowth.
2. Neural foraminal narrowing at multiple levels is seen as a result of endplate change and facet degenerative arthropathy.

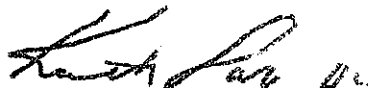
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1. L2-S1 fusion.
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3. L4 fluid collection from inferior spinous process of L3 to the mid L5 vertebral body level with peripheral rim enhancement.
4. Neural foraminal compromise bilaterally at L5-S1 is a result of the anterolisthesis of L5 relative to S1, is similar to preoperative study.

**Assessment and Plan:**

Mr. Pushkin comes today for a follow up visit for chronic lumbar back and leg pain secondary to post laminectomy pain syndrome and SI joint pain. He reports bilateral lumbar back pain with radiculopathy. His pain has increased. His urinary retention issue has resolved. He appears to be taking his medications appropriately. He reports that the MSIR has helped him the most. Request for IV lidocaine was denied.

1. Continue MSIR 15-30 mg TID prn pain.
2. Continue Celebrex and Topamax.
3. He became irritable and upset because I would not write a letter stating his car accident in 2008 caused worsening of his pain. I explained to him that I did not care for him prior to the accident and have no reference point to his baseline pain condition. He started yelling and became confrontational. I asked him to leave the office. I also explained to him that he needs to find another physician who takes his new insurance. I wrote him a prescription for a 1 month supply of MSIR, which he did not want to take.
4. He was instructed to call his insurance to find another provider in his network.



Kenneth Park, DO

Diplomate, American Board of Anesthesiology  
Board Certification in Pain Medicine

CC:

Stephen Sherer, MD Fax: 201.945.5604 /



**SETH KANE, M.D., F.A.A.O.S**

277 FOREST AVENUE

SUITE 201

DIPLOMATE OF THE  
AMERICAN BOARD OF  
ORTHOPEDIC SURGERY

PARAMUS, NEW JERSEY 07652

(201) 261-7980

FAX: (201) 261-8050

ORTHOPEDIC SURGERY  
SPORTS MEDICINE**PATIENT NAME:** Pushkin, PhD., David**DATE OF VISIT:** February 6, 2009**CHIEF COMPLAINTS:**

1. Follow-up back pain.
2. Follow-up neck pain.
3. Follow-up thoracic pain.

**HISTORY OF PRESENT ILLNESS:**

Mr. Pushkin returns after almost a year with multiple further steps in his complex ongoing medical saga. He still complains of major back pain; part of it is that the two distal screw sites and part of it is at the upper lumbar region. He also has neck pains, which at times have gone down the arms and mid thoracic pains. He has had multiple diagnostic further work ups since I saw him by neurologists and pain management. The pain management person keeps talking to him about a spinal stimulator, which he really does not want but he is slowly needing more narcotics. From a social standpoint, his wife is divorcing him. He has lost a lot of weight. He applied for Social Security Disability, which apparently has been denied and now there is legal action over this.

**PHYSICAL EXAMINATION:**

On examination, he gets around using a cane, which is too long for him. He tends to sit and stand with his neck and shoulders hunched forward. He definitely has two prominent palpable screws at the upper sacral region. Range of motion of his back and lumbar area is obviously prominently decreased as he has an L2 to sacrum fusion. He still has significant permanent residual weakness of the left leg, but overall, he feels he has gained a bit of strength back and feels he is still slowly improving from his surgery, even though it is about 22 months since his extensive decompressive spine surgery and fusion.

**DIAGNOSTIC STUDIES:**

Today, I have reviewed his more recent lumbar MRI, which shows he has developed a spondylolisthesis with a fusion mass starting at L2, somewhat anterior of L1. Within that effect, there is a modest kinking of the spinal cord across the anterior body of L1 with a posterior element of L2. He is widely decompressed below that. The L2 through L5 segments are anterior to the sacrum and also anterior to L1.

**ASSESSMENT:**

I did explain to him that the thoracic pain is mechanical due to his poor postural positioning stressing the muscles across the midthoracic region. I discussed with





**SETH KANE, M.D., F.A.A.O.S**


RE: Pushkin, PhD., David  
February 6, 2009

Page 2

him several things that he can do to try to help himself there by positioning in chairs and his posture. He does not want to consider more therapy at this time. I have not gotten involved with his cervical changes, where apparently he has had some EMG changes documented earlier, as the back is more the issue.

At this point, he really needs some support for his overall medical as well as social conditions.

His wife does not want to understand anything and, therefore, is in the process of divorcing him, which I suspect will be better for both of them. I did discuss with him since only a very high level orthopedic spine surgeon would consider touching his back, getting another opinion would be appropriate, and he may have to go outside the New York Metropolitan area to look for someone outside the small cadre of people locally who are all obviously a friend with Dr. Casden. He also will lose his insurance after the divorce is final. Dr. Casden has talked about hardware removal and fusion of L1-2. I think that is a reasonable consideration, but obviously it puts some risk for the future moving higher up and this would only obviously impact one component of his total picture. With this in mind, and understanding this, he is very hesitant to go forward, but I think getting another high end surgeon consultation view would be appropriate and I encouraged him to do this.

  
Seth Kane, M.D., P.A.  
Job 5614  
SK/tdk

Admitted to BR 2h3 after  
altercation with wife





For Binder 4  
Binder LLC

**SPINAL  
IMPAIRMENT QUESTIONNAIRE**

To: Seth Kane, M.D.  
Re: David B. Pushkin (Name of Patient)  
077-54-4120 (Social Security No.)  
3/21/1963 (Date of Birth)

Please answer the following questions concerning your patient's impairments. **Attach all relevant radiologist reports, laboratory and test results which have not been provided previously to the Social Security Administration or to Binder & Binder.**

1. a. Date of first treatment: 12/1/2006  
b. Date of most recent exam: 5/2/2010  
c. Frequency of treatment: Variable
2. What is your diagnosis of your patient's condition?  
S/P L2 → sacrum complex fusion & decompression  
Chronic spinal stenosis  
Instability L1-2
3. Prognosis.  
Guarded
4. Identify the positive clinical findings that demonstrate and/or support your diagnosis and indicate location.

☒ Limited range of motion @

Cervical \_\_\_\_\_

Lumbar Marked limitation all planes



Spinal IQ  
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\_\_\_ Tenderness @

Cervical \_\_\_\_\_

Lumbar Midline lumbar L2-5

\_\_\_ Muscle spasm @

Cervical \_\_\_\_\_

Lumbar \_\_\_\_\_

\_\_\_ Sensory loss @

Cervical \_\_\_\_\_

Lumbar Radial D12

\_\_\_ Reflex changes @

Cervical \_\_\_\_\_

Lumbar \_\_\_\_\_

\_\_\_ Muscle atrophy @

Cervical \_\_\_\_\_

Lumbar Prominent improvement of D12 motor function\_\_\_ Muscle weakness @ slowly post-op Radial coordination deficit affecting ambulation

Cervical \_\_\_\_\_

Lumbar \_\_\_\_\_

☒ Abnormal gait☒ Swelling @ Post D12 phlebectomies present

\_\_\_ Crepitus @ \_\_\_\_\_

\_\_\_ Trigger points @ \_\_\_\_\_

\_\_\_ Positive straight leg raising test: Left at \_\_\_\_° Right \_\_\_\_°

Other clinical signs or comments. Requires cane for ambulation



Spinal IQ  
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5. Identify the ~~laboratory and diagnostic test results~~ which demonstrate and/or which support your diagnosis.

x-ray + MRI

6. Please list your patient's primary **symptoms**, including pain, loss of sensation, fatigue etc.

Pain, numbness, gait abnormality  
Gradual change of bowel + bladder function

7. Are your patient's symptoms and functional limitations **reasonably consistent** with the claimant's physical and/or emotional impairments described in this evaluation?

☒ Yes ☐ No

If no, please explain:

8. If your patient has pain, please address the following factors:

a. The nature of the pain. Permanent LBP

b. The location of the pain. Mainly central lumbar

c. The frequency of the pain.

Continuous, Aggravated some with activity





Spinal IQ  
Page 4/7d. The precipitating factors leading to the pain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_e. Other factors relating to your patient's pain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you been able to completely relieve the pain with medication without unacceptable side effects?

\_\_\_\_\_ Yes ☒ No10. As a result of your patient's impairments, estimate your patient's residual functional capacity if your patient were placed in a normal **COMPETITIVE FIVE DAY A WEEK WORK ENVIRONMENT ON A SUSTAINED BASIS.**

a. in an eight-hour day, my patient can only (circle full capacity for each activity):

(1) Sit: 0-1 1 2 3 4 5 (6) 7 8 (hours)(2) Stand/Walk: 0-1 1 (2) 3 4 5 6 7 8 (hours)

(3) Would it be necessary or medically recommended for your patient not to sit continuously in a work setting?

☒ Yes \_\_\_\_\_ No(a) How frequently must your patient get up and move around? every 2 hrs(b) How long before your patient can sit again? 1/2 hr

(4) Would it be necessary or medically recommended for your patient not to stand/walk continuously in a work setting?

\_\_\_\_\_ Yes ☒ No

b. My patient can

(1) Lift	Never	Occasionally	Frequently
0 - 5 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 10 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 - 20 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 - 50 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 50 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Spinal IQ  
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(2) Carry	Never	Occasionally	Frequently
0 - 5 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 - 10 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 - 20 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 - 50 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 50 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. List medication(s) prescribed, dosage, and any side effects your patient has reported.

I am not the medication prescribing MD

12. Have you substituted medications in an attempt to produce less symptomatology or relieve side effects?

\_\_\_\_ Yes \_\_\_\_ No

13. List other treatment (e.g., surgery, physical therapy) and complications, if any.

see his spine surgical record

14. How often is your patient's experience of pain or other symptoms severe enough to interfere with attention and concentration?

Never Seeldom Periodically Frequently Constantly

15. Are your patient's impairments ongoing, creating an expectation on your part that they will last at least twelve months?

☒ Yes \_\_\_\_ No

16. Do emotional factors contribute to the severity of your patient's symptoms and functional limitations?

Mildly

\_\_\_\_ Yes \_\_\_\_ No

If so, indicate what emotional factors affect your patient (give specifics).

He is consumed by his whole physical status



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17. Is your patient a malingerer? ☐ Yes ☒ No

18. To what degree can your patient tolerate work stress?

☐ Incapable of even "low stress"

☒ Capable of low stress

☐ Capable of moderate stress

☐ Capable of high stress

Please explain the basis for your conclusions: observation over years

19. Will your patient sometimes need to take unscheduled breaks to rest (e.g., shift positions to relieve pain, etc.) at unpredictable intervals during an 8-hour working day?

If yes, 1) How often do you think this will happen? Very frequently

2) How long (on average) will your patient have to rest before returning to work? 1 hr

20. Does your patient's condition interfere with the ability to keep the neck in a constant position (e.g. looking at a computer screen, looking down at the desk)?

☐ Yes ☒ No

If so, can your patient do a full time competitive job that requires that activity on a sustained basis.

Low Back pain limits sitting at times ☐ Yes ☐ No

21. Are your patient's impairments likely to produce "good days" and "bad days"?

☒ Yes ☐ No

If yes, please estimate, on the average, how often your patient is likely to be absent from work as a result of the impairments or treatment.

☒ More than three times a month

☐ About two to three times a month

☐ About once a month

☐ Less than once a month



Spinal IQ  
Page 7/7

22. Are there any other limitations that would affect your patient's ability to work at a regular job on a sustained basis (please check all that are applicable)?

<input type="checkbox"/> psychological limitations	<input type="checkbox"/> limited vision	<input checked="" type="checkbox"/> no pushing
<input type="checkbox"/> need to avoid wetness	<input type="checkbox"/> need to avoid temperature extremes	<input checked="" type="checkbox"/> no pulling
<input type="checkbox"/> need to avoid noise	<input type="checkbox"/> need to avoid humidity	<input checked="" type="checkbox"/> no kneeling
<input type="checkbox"/> need to avoid fumes	<input type="checkbox"/> need to avoid dust	<input checked="" type="checkbox"/> no bending
<input type="checkbox"/> need to avoid gases	<input type="checkbox"/> need to avoid heights	<input checked="" type="checkbox"/> no stooping
<input type="checkbox"/> other _____		

23. In your best medical opinion, what is the earliest date that the description of symptoms and limitations in this questionnaire applies? Progression since I have been seeing him despite some motor improvement shortly post

Additional comments. surgery

5/22/10  
Date

Seth Kane  
Signature

Orthopedic Surgeon  
Specialty

Print/Type Name SETH KANE M.D. P.A.  
550 KINDERKAMACK ROAD  
SUITE 204  
Address ORADELL, NJ 07849





**LUMBAR SPINE  
IMPAIRMENT QUESTIONNAIRE**

To: Mario Yukie, M.D.  
Re: David B. Puskin (Name of Patient)  
xxx-xx-4120 (Social Security No.)  
3/21/1963 (Date of Birth)

Please answer the following questions concerning your patient's impairments. Attach all relevant radiologist reports, laboratory and test results which have not been provided previously to the Social Security Administration or to Binder & Binder.

1. a. Date of first treatment. 12/21/06  
b. Date of most recent exam. 3/25/10  
c. Frequency of treatment. Q 2-3 mo
2. What is your diagnosis of your patient's condition?  
Intractable low back pain, left leg  
weakness w/ multiple spinal surgeries.
3. Prognosis.  
Permanent weakness + pain.
4. Identify the positive clinical findings that demonstrate and/or support your diagnosis and indicate location.  
☒ Limited range of motion @ (L) leg  
☐ Tenderness @ \_\_\_\_\_  
☐ Muscle spasm @ \_\_\_\_\_  
☒ Swelling @ (L) leg



## Lumbar Spine IQ

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☒ Abnormal gait antalgic, unsteady☐ Sensory loss @ \_\_\_\_\_☒ Reflex changes @ (L) KJ, AJ☐ Muscle atrophy @ \_\_\_\_\_☒ Muscle weakness @ psoas, quads, vastus, foot plantar + dorsiflex☐ Crepitus @ \_\_\_\_\_☐ Trigger points @ \_\_\_\_\_☐ Positive straight leg raising test: Left at \_\_\_\_° Right \_\_\_\_°

Other clinical signs or comments. \_\_\_\_\_

5. Identify the laboratory and diagnostic test results which demonstrate and/or which support your diagnosis.

MRI 4/5 spine

6. Please list your patient's primary symptoms, including pain, loss of sensation, fatigue etc.

⊕ pain in low back + left leg. Weakness of (L) LE which worsens with physical activity

7. Are your patient's symptoms and functional limitations reasonably consistent with the patient's physical and/or emotional impairments described in this evaluation?

☒ Yes ☐ No

If no, please explain.



Lumbar Spine IQ  
Page 3/7

8. If your patient has pain, please address the following factors:

a. The nature of the pain. Neuropathic, sharp shootingb. The location of the pain. Low back → left legc. The frequency of the pain. constant - Waxes +  
Wanesd. The precipitating factors leading to the pain. physical  
activity, certain position.

e. Other factors relating to your patient's pain. \_\_\_\_\_

9. Have you been able to completely relieve the pain with medication without unacceptable side effects?

\_\_\_\_ Yes X No10. As a result of your patient's impairments, estimate your patient's residual functional capacity if your patient were placed in a normal **COMPETITIVE FIVE DAY A WEEK WORK ENVIRONMENT ON A SUSTAINED BASIS.**

a. In an eight-hour day, my patient can only (circle full capacity for each activity):

(1) Sit: 0-1 1 2 3 4 5 6 7 8 (hours)(2) Stand/Walk: 0-1 1 2 3 4 5 6 7 8 (hours)



Lumbar Spine IQ  
Page 4/7

- (3) Would it be necessary or medically recommended for your patient not to sit continuously in a work setting?
- ☒
- Yes
- ☐
- No

(a) How frequently must your patient get up and move around? 10-15m(b) How long before your patient can sit again? 5-10 m.

- (4) Would it be necessary or medically recommended for your patient not to stand/walk continuously in a work setting?
- ☒
- Yes
- ☐
- No

## b. My patient can

(1) Lift	Never	Occasionally	Frequently
0 - 5 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 10 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 - 20 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 - 50 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 50 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(2) Carry	Never	Occasionally	Frequently
0 - 5 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 10 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 - 20 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 - 50 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 50 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. List medication(s) prescribed, dosage, and any side effects your patient has reported.

Ultram 50mg PRNFlexed 5mg PRNPt was on narcotic meds previously which he cannot tolerate

12. Have you substituted medications in an attempt to produce less symptomatology or relieve side effects?

☒ Yes ☐ No





Lumbar Spine IQ  
Page 5/7

13. List other treatment (e.g., surgery, physical therapy) and complications, if any.

Multiple spine surgery, physical therapy  
and epidural steroid inj.

14. How often is your patient's experience of pain or other symptoms severe enough to interfere with attention and concentration?

Never

Seldom

Periodically

Frequently

Constantly

15. Are your patient's impairments ongoing, creating an expectation on your part that they will last at least twelve months?

X Yes      \_\_\_ No

16. Do emotional factors contribute to the severity of your patient's symptoms and functional limitations?

\_\_\_ Yes      X No

If so, indicate what emotional factors affect your patient (give specifics).

17. Is your patient a malingerer?

\_\_\_ Yes      X No

18. To what degree can your patient tolerate work stress?

\_\_\_ Incapable of even "low stress"

X Capable of low stress

\_\_\_ Capable of moderate stress

\_\_\_ Capable of high stress

Please explain the basis for your conclusions.

Stress can exacerbate  
his perception of the low back pain.







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Lumbar Spine IQ  
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Additional comments. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3/25/10  
Date Signature Specialty  
*[Signature]* *Neurology*

Print/Type Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Mario Vukic, MD  
211 Essex Street Suite 202  
Hackensack, N.J. 07601  
Tel: 201-488-1515

Mario Vukic, MD  
211 Essex Street Suite 202  
Hackensack, N.J. 07601  
Tel: 201-488-1515



**MULTIPLE IMPAIRMENT QUESTIONNAIRE**

To: Stephen Sherer, M.D.

Re: David B. Pushkin (Name of Patient)  
077-54-4120 (Social Security No.)  
3/21/1963 (Date of Birth)

Please answer the following questions concerning your patient's impairments. **Attach all radiologist reports, laboratory and test results which have not been provided previously to the Social Security Administration or to Binder & Binder.**

1.
  - a. Date of first treatment. 5/6/2008
  - b. Date of most recent exam. 5/12/2010
  - c. Frequency of treatment. 5 X yearly
2. What is your diagnosis of your patient's condition?  
Post laminectomy syndrome, cervical subchondral cyst  
lumbosacral Radiculopathy  
Hypertension, Mixed Hyperlipidemia, Edema
3. Prognosis.  
Good for life  
Poor for function, I doubt that patient  
will be able to walk enough to be employable
4. Identify the positive clinical findings that demonstrate and/or support your diagnosis and indicate location where applicable.  
Multiple MRI's, CAT scans, Nerve conduction  
studies & electromyogram





Multiple IQ  
Page 2/8

5. Identify the laboratory and diagnostic test results which demonstrate and/or which support your diagnosis.

nerve conduction study - July 16<sup>th</sup> 2008  
MRI of spine - 1/21/09 - cervical & lumbar

6. Please list your patient's primary symptoms, including pain, loss of sensation, fatigue etc.

Back pain, leg pain, fatigue, edema  
of the legs

7. Are your patient's symptoms and functional limitations reasonably consistent with the patient's physical and/or emotional impairments described in this evaluation?

☒ Yes ☐ No

If no, please explain.

8. If your patient has pain, please address the following factors:

a. The nature of the pain.

pressing pain & at times  
sharp

b. The location of the pain.

Entire left leg from mid thigh  
down. Back pain is from scapula to pelvis



Multiple IQ  
Page 3/8

c. The frequency of the pain.

*Constant pain 24/7*

d. The precipitating factors leading to the pain.

*Chronic degenerative spinal disease + MVA exacerbating the pain*

e. Other factors relating to your patient's pain.

9. Please estimate the range of your patient's level of pain (0-1=none to trace, 2-3=mild, 4-6=moderate, 7-8=moderately severe, 9-10=severe).

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

10. If your patient has fatigue, please estimate the range of your patient's level of fatigue (0-1=none to trace, 2-3=mild, 4-6=moderate, 7-8=moderately severe, 9-10=severe).

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

11. Have you been able to completely relieve the pain with medication without unacceptable side effects?

       Yes ✓ No

12. As a result of your patient's impairments, estimate your patient's residual functional capacity if your patient were placed in a normal **COMPETITIVE FIVE DAY A WEEK WORK ENVIRONMENT ON A SUSTAINED BASIS.**

a. In an eight-hour day, my patient can only (circle full capacity for each activity)

1. Sit 0-1 1 2 3 4 5 6 7 8 (hours)2. Stand/Walk 0-1 1 2 3 4 5 6 7 8 (hours)

3. Would it be necessary or medically recommended for your patient not to sit continuously in a work setting?

✓ Yes        No(a) How frequently must your patient get up and move around? 1-2 hrs



Multiple IQ  
Page 4/8(b) How long before your patient can sit again? 15 minutes

4. Would it be necessary or medically recommended for your patient not to stand/walk continuously in a work setting?

☒ Yes ☐ No

b. My patient can

1. Lift

Never

Occasionally

Frequently

0 - 5 lbs.

☐☒☐

5 - 10 lbs.

☒☒☐

10 - 20 lbs.

☒☐☐

20 - 50 lbs.

☒☐☐

Over 50 lbs.

☒☐☐

2. Carry

Never

Occasionally

Frequently

0 - 5 lbs.

☐☒☐

5 - 10 lbs.

☒☒☐

10 - 20 lbs.

☒☐☐

20 - 50 lbs.

☒☐☐

Over 50 lbs.

☒☐☐

13. Does your patient have significant limitations in doing repetitive reaching, handling, fingering or lifting?

☒ Yes ☐ No

a. If yes, please explain.

Reaching is difficult secondary  
to back problem & coordination

b. Please indicate the degree of limitation that your patient would have in a competitive 8 hour workday using the upper extremities.

Marked  
(Essentially  
Precluded)**Moderate**  
(Significantly  
limited but  
not completely  
precluded)

Minimal

No Limitations

Grasping,  
turning, twisting  
objects           R  ✓   R           R           R           L  ✓   L           L           L



Multiple IQ.  
Page 5/8

	Marked (Essentially Precluded)	Moderate (Significantly limited but not completely precluded)	Minimal	No Limitations
Using fingers/hands for fine manipulations.	_____ R	_____ R	<input checked="" type="checkbox"/> R	_____ R
	_____ L	_____ L	<input checked="" type="checkbox"/> L	_____ L
Using arms for reaching (including overhead).	_____ R	<input checked="" type="checkbox"/> R	_____ R	_____ R
	_____ L	<input checked="" type="checkbox"/> L	_____ L	_____ L

14. *severe side effects of high dose narcotics*  
List medication(s) prescribed, dosage, and any side effects your patient has reported.
- |  |                               |
|--|-------------------------------|
| <i>Tramadol 90mg TID</i>                     | <i>GI - upset, fatigue</i>    |
| <i>Celebrex 200mg BID</i>                    | <i>none (no side effects)</i> |
| <i>Tricor<sup>145</sup> &amp; Crestor 20</i> | <i>no side effects</i>        |
| <i>Pronon HCTZ 90/12.5 QD</i>                | <i>- no side effects</i>      |
| <i>Flomax 0.4mg QID</i>                      | <i>no side effects</i>        |
| <i>Zosyn 400mg PO BID</i>                    | <i>- no side effects</i>      |

15. Have you substituted medications in an attempt to produce less symptomatology or relieve side effects?

☒ Yes ☐ No

16. List other treatment (e.g., surgery, physical therapy) and complications, if any.

*Spinal surgery - March 07, physical therapy*

17. Would your patient's symptoms likely increase if he/she were placed in a competitive work environment?

☒ Yes ☐ No

18. Does your patient's condition interfere with the ability to keep the neck in a constant position (e.g. looking at a computer screen, looking down at the desk)?

☒ Yes ☐ No





Multiple IQ  
Page 6/8

If so, can your patient do a full time competitive job that requires that activity on a sustained basis.

☐ Yes ☒ No

19. How often is your patient's experience of pain, fatigue or other symptoms severe enough to interfere with attention and concentration?

Never

Seldom

Periodically

Frequently

Constantly

20. Are your patient's impairments ongoing, creating an expectation on your part that they will last at least twelve months?

☒ Yes ☐ No

21. Do emotional factors contribute to the severity of your patient's symptoms and functional limitations?

☐ Yes ☒ No

If so, indicate what emotional factors affect your patient (give specifics).

---



---



---

22. Is your patient a malingerer?

☐ Yes ☒ No

23. To what degree can your patient tolerate work stress?

☐ Incapable of even "low stress"☐ Capable of low stress☒ Capable of moderate stress☐ Capable of high stress.

Please explain the basis for your conclusions.

---



---

24. Will your patient sometimes need to take unscheduled breaks to rest at unpredictable intervals during an 8-hour working day?
- yes

If yes, a. How often do you think this will happen?

hourly

b. How long (on average) will your patient have to rest before returning to work?

20 minutes



Multiple IQ

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25. Are your patient's impairments likely to produce "good days" and "bad days"?

☒ Yes ☐ No

If yes, please estimate, on the average, how often your patient is likely to be absent from work as a result of the impairments or treatment.

☒ More than three times a month☐ About two to three times a month☐ About once a month☐ Less than once a month

26. Is your patient prone to infections?

☒ Yes ☐ No

If yes, please explain.

UTI both to bladder problems  
from the open nerve damage

27. Does your patient need a job that permits ready access to a restroom?

☐ Yes ☐ No

28. Are there any other limitations that would affect your patient's ability to work at a regular job on a sustained basis (please check all that are applicable)?

☐ psychological limitations☐ limited vision☒ no pushing☐ need to avoid wetness☐ need to avoid temperature extremes☒ no pulling☐ need to avoid noise☐ need to avoid humidity☒ no kneeling☐ need to avoid fumes☐ need to avoid dust☒ no bending☐ need to avoid gases☐ need to avoid heights☒ no stooping☐ other \_\_\_\_\_29. In your best medical opinion, what is the earliest date that the description of symptoms and limitations in this questionnaire applies? Nov 2005

Additional comments \_\_\_\_\_



Multiple IQ Case 1:10-cv-09212-JGK -DCF Document 13-9 Filed 02/17/11 Page 9 of 30  
Page 8/8

5/18/11  
Date

S. Shorer  
Signature

Internal Medicine  
Specialty

Print/Type Name Stephen Shorer

Address 714 Bergen Blvd  
Ridgefield, N.J. 07857



**BLADDER PROBLEM  
IMPAIRMENT QUESTIONNAIRE**

To: Greg Lavalle M.D.  
Re: David Pushkin (Name of Patient)  
XXX.XX.4120 (Social Security No.)  
3-21-63 (Date of Birth)

Please answer the following questions concerning your patient's impairments. Attach all relevant radiologist reports, laboratory and test results which have not been provided previously to the Social Security Administration and Binder & Binder.

1. a. Date of first treatment. 6/22/09  
b. Date of most recent exam. 12/14/09  
c. Frequency of treatment. 91 - 2 months

2. What is your diagnosis of your patient's condition?

Neurogenic Bladder  
Retention

3. Prognosis.

Good

4. Identify the positive clinical findings.

Elevated Post Void Residual  
Large Bladder capacity on VRO studies





DEC-21-2009 09:34

Case 1:10-cv-09212-JGK -DCF Document 13-9 Filed 02/17/11 Page 11 of 30 P.005

Bladder I.Q.  
Page 2/5

5. Identify the laboratory and diagnostic test results which demonstrate and/or which support your diagnosis.

Ultrasound

Urodynamics → Storage = 900cc

↑ PVR post procedure

6. Please list your patient's primary symptoms.

Retention

Incomplete Emptying

Urinary Frequency / Nocturia

7. Are your patient's symptoms and functional limitations reasonably consistent with the claimant's physical and/or emotional impairments described in this evaluation?

☒ Yes☐ No

If no, please explain.

8. List medication(s) prescribed, dosage, and any side effects your patient has reported (e.g., drowsiness, dizziness, nausea, etc.).

Flomax

9. Have you substituted medications in an attempt to produce less symptomatology or relieve side effects?

☐ Yes☒ No

10. List other treatment (e.g., surgery) and complications, if any.

φ

11. Have your patient's impairments lasted or can they be expected to last at least twelve months?

1/00 - svj



DEC-21-2009 09:34

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P.006

Bladder I.Q.  
Page 3/5☒ Yes ☐ No

12. Is your patient a malingerer?

☐ Yes ☒ No

13. If urinary frequency is a problem, please estimate approximately how often your patient must urinate?

In an 8-hour work day 8 timesIn a 24-hour period 24 times

Under stressful conditions \_\_\_\_\_

14. How often will urinary urgency be a problem (i.e., having to get to the bathroom instantly)?

☒ Frequently ☐ Often ☐ Sometimes ☐ Never15. If urinary incontinence is a problem, please estimate approximately how often your patient is incontinent. 0

16. What factors physically or psychologically trigger urinary frequency or incontinence?

N/A

17. What, if anything, has been successful in relieving your patient's urinary frequency or incontinence and to what extent has it been successful?

Dietary A's  
Flamox

18. Has your patient developed psychological or social problems because of his/her condition?

☐ Yes ☒ No

If yes, please explain the impact of the condition on your patient.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. To what degree can your patient tolerate work stress?



DEC-21-2009 09:34

Case 1:10-cv-09212-JGK -DCF Document 13-9 Filed 02/17/11 Page 13 of 30

P.007

Bladder I.Q.

Page 4/5

☐ Incapable of even "low stress"☐ Capable of low stress☒ Capable of moderate stress☐ Capable of high stress

Please explain the basis for your conclusions.

Estimate

20. Are your patient's impairments likely to produce "good days" and "bad days"?

☒ Yes ☐ No

If yes, please estimate, on the average, how often your patient is likely to be absent from work as a result of the impairments or treatment.

☐ More than three times a month☐ About two to three times a month☒ About once a month☐ Less than once a month

21. Is your patient prone to frequent infections?

☐ Yes ☒ No

22. Does your patient need a job that permits ready access to a restroom?

☒ Yes ☐ No

23. Does your patient's condition cause pain?

☐ Yes ☒ No

If so, describe the location, degree and frequency.

24. Will your patient sometimes need to take unscheduled restroom breaks during an 8-hour workday?

☒ Yes ☐ No

If yes, a. How often do you think this will happen?

every hour

b. How long will your patient be away from the workstation for an average unscheduled restroom break?

5 minutes

c. How much advance notice does your patient have of the need for a restroom break?

unknown

25. In your best medical opinion, what is the earliest date that the description of symptoms and

1/00 - svj



DEC-21-2009 09:34

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Bladder I.Q.  
Page 5/5

limitations in this questionnaire applies?

From March 2007

Date 5/24/08

Signature [Handwritten Signature]

Specialty Urology

Print/Type Name Greg Lavella, MD

Address 255 W. Spring Valley Ave  
Maywood, NJ 07067





**Other Office Locations:**  
 CHCen, NJ  
 (973) 365-2400  
 Monmouth Medical Center  
 (732) 403-5506

- Clinical Assistant  
Department of Urology at  
UMDNJ Medical School
- Attending at Hackensack University  
Medical Center  
Department of Urology  
Clinical Assistant



From: MyFax - Dr. David B. Pushkin To: D.Pushkin FAX medical records for Ronald Pierso 13:25 12/17/09 GMT-05 Pg 03-14

Case 1:10-cv-09212-JGK-DCF Document 13-9 Filed 02/17/11 Page 16 of 30

Cystoscopy performed in my office revealed a normal urethra. The prostate was short and non-obstructive. The bladder was collapsed with no signs of an elevated postvoid residual on entrance. Both ureteral orifices were identified and noted to be away from the bladder neck.

Urodynamics revealed a good sensation at 169 cc, 320 cc and 462 cc. Mr. Pushkin held up to 900 cc in his bladder and was unable to void at that time. Upon removing the catheter, the patient urinated freely, with minimal postvoid residual. It is my thought that the catheter used for urodynamics as well as his position during the procedure was making it difficult for him to urinate.

PLAN: At this time, I have recommended conservative management as his urinalysis and urine culture have always been negative and his renal function remains normal.

I have told David that he can follow up with me as needed and I recommended that he attend to his spine issues as they seems to be pressing at this time.

Thank you again for allowing me to participate in David's care.

Very truly yours,



Gregory G. Lovallo, M.D.  
GGL/abl/bql

cc: Hooman Azmi, MD



Case 1:10-cv-00017-JEK-DCF Document 13-9 Filed 02/17/11 Page 17 of 30

## NEW JERSEY CENTER FOR PROSTATE CANCER &amp; UROLOGY

NAME Dr. David B. Pushkin DOB 3/21/63 AGE 46 REF Dr. Hossain Azmi DATE 6/22/09  
 VITAL SIGNS: HT: 5'8" WT: 183 B/P: 120/80 INITIAL gpn  
 SUBJECTIVE/CC Neurogenic Bladder

HPI L2-L5 fusion 3/07. Since developed L1-L2 Spandylitis  
requiring fusion (eventually) Currently c/o  
retention (HRS), frequency, nocturia, good sensation.  
 PAST GU HISTORY Above + testis/prostate inflammation, UTIs, STDs, Cystitis

FREQUENCY 9-12 hrs HEMATURIA φ  
 NOCTURIA 1-3x IMPOTENCE φ  
 URGENCY φ DISCHARGE φ URETHRAL φ VAGINAL φ  
 HESITANCY incomplete emptying F & C OF STREAM φ  
 INCONTINENCE φ OB/GYN R MENO AB  
 DYSURIA φ GRAVIDA φ PARA φ AB φ  
 MEDICAL HISTORY Above FAMILY HISTORY GI issues

## SURGICAL HISTORY

Above  
Partial Colectomy 1999

## MEDICATIONS

See attached

ALCOHOL: NO  
 SMOKING: NO  
 ASPIRIN: YES 81mg Qd  
 BLEEDING DISORDERS φ  
 ALLERGIES: YES - penicillin

\*GENERAL APPEARANCE: NORMAL ☒ OTHER φ  
 \*NEURO/PSYCH: NORMAL ☒ DISORIENTED φ \*MOOD/AFFECT φ  
 PHYSICAL EXAM:  
 \*NECK: NORMAL ☒ OTHER φ \*SKIN: NORMAL φ OTHER φ  
 \*THYROID: NORMAL ☒ ENLARGEMENT φ TENDERNESS φ MASS φ  
 \*LYMPHATIC: NORMAL ☒ palpation of lymph nodes in neck, axillae, groin and/or other location φ

## GU EXAM FEMALE:

EXT. GENITALIA φ  
 URETHRA/MEATUS φ  
 BLADDER φ  
 VAGINA φ  
 CERVIX φ  
 UTERUS φ  
 ADNEXA φ  
 ANUS/PERINEUM φ

## GU EXAM MALE:

PENIS: WNL  
 MEATUS: WNL  
 TESTES: φ  
 EPIDID: φ  
 SCROTUM: φ

## DRE:



PROSTATE: 20g  
 SEM. VES.: φ  
 SPHINCTER: φ  
 ANUS: φ  
 PERINEUM: φ  
 HEMORRHOIDS: φ



## DIFFERENTIAL DIAGNOSIS:

## RX/PLAN

UA, UCG, PSA  
Cysto/Urodynamics



**Associated Urology Bergen Passaic**  
**5 Summit Avenue**  
**Hackensack, New Jersey**

**Urodynamic Clinical Report**

Name: David B. Pushkin  
Date: 07/16/2009 12:38:14 PM  
ID#:

**Demographic Data:**

David B. Pushkin was born 03/21/1963.

**Spontaneous Uroflowmetry:**

Voided Volume: N.A.  
Pattern: normal  
Max Flow: N.A.  
Auto Residual: N.A.  
Residual Urine: N.A..

**Filling Phase - Cystometry:**

The Cystometry was performed using saline at constant infusion (medium filling rate: 30ml/min) through a 2 lumen catheter with rectal pressure monitoring and patient supine. First filling sensation occurred at 169 ml. The first urge occurred at 320 ml and a severe urge occurred at 462 ml. Maximum cystometric capacity occurred at 0 ml. During bladder filling there was no spontaneous involuntary detrusor contractions.

**Voiding Phase - Pressure Flow Study:**

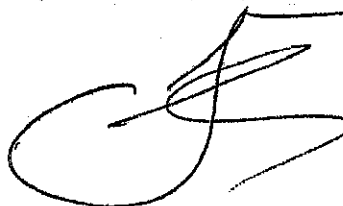
Max Flow: 0 ml/s.  
Pdet at Max Flow: 0 cmH2O  
Max Pdet: 0 cmH2O  
Voided Volume: 0 ml  
Expected Residual: 0 ml  
Residual Bladder Volume: Patient could not urinate, I cath 400 cc residual, filled bladder to 950 cc still patient could not go, per Dr. Lovallo stop test and cath, residual was 900 cc. patient given 500 mg levaquin. md

**History:**

**Diagnosis:**

Date: July 16, 2009  
Examining Doctor: Dr. Gregory Lovallo

Signature: \_\_\_\_\_







Patient ID:  
Patient Name:

David B. Pushkin

Date of Birth:  
Date:

03/21/1963  
07/16/2009 1:34:04 PM

### Voiding Cystometry#1. 07/16/2009 1:01:16 PM

Pdet - Max Flow  
Max Flow Rate  
Voided Volume  
Voiding Time

N.A. cmH<sub>2</sub>O  
N.A. ml/s  
N.A. ml  
N.A. s

Flow Time  
Average Flow Rate  
Time to Max Flow  
Max Pdet

N.A. s  
N.A. ml/s  
N.A. s  
N.A. cmH<sub>2</sub>O

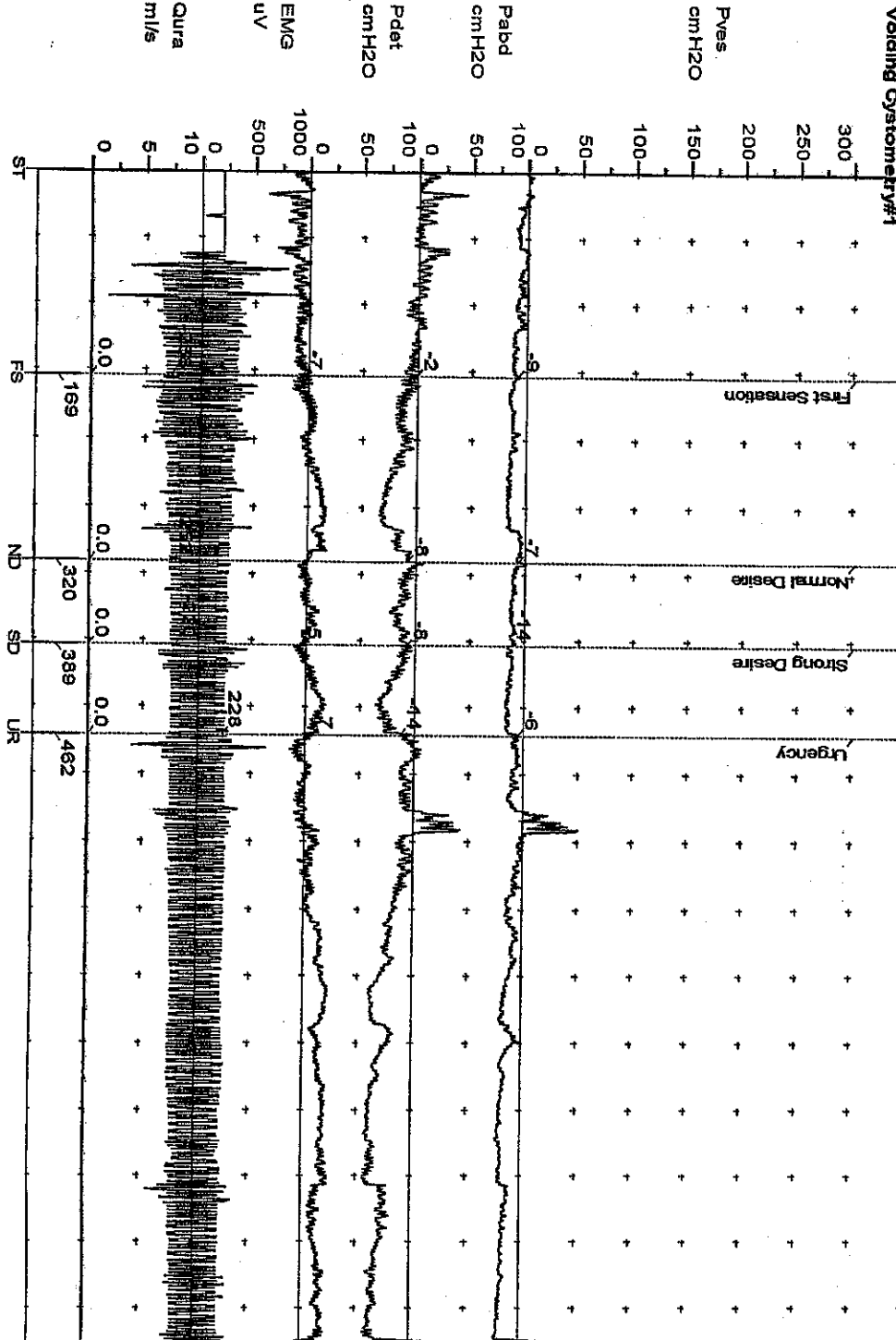
Residual Urine  
Residual Volume (Auto)  
Expected Residual Urine

N.A. ml  
N.A. ml  
N.A. ml

#### Cystometry Results

Name	Unit	First Sensat.	Normal.. Vol.	Strong.. Vol.	Urgency	Max.. Capac.	First.. Void
Wntus	ml	169	320	389	462	7	N.A.
Pdet	cmH <sub>2</sub> O						N.A.

#### Voiding Cystometry#1





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**Associated Urology Bergen - Passaic**

07/16/2009

Patient Name David B. Pushkin  
 Date of Birth 03/21/1963

Patient ID  
 Creation Date 07/16/2009 12:38:14 PM

Pdet - Max Flow	N.A.	cmH2O	Time to Max Flow	N.A.	s
Max Flow Rate	N.A.	ml/s	Max Pdet	N.A.	cmH2O
Voided Volume	N.A.	ml	Residual Urine	N.A.	ml
Voiding Time	N.A.	s	Residual Volume (Auto)	N.A.	ml
Flow Time	N.A.	s	Expected Residual Urine	N.A.	ml
Average Flow Rate	N.A.	ml/s			

**Cystometry Results**

		First Sensation	Normal Desire to Void	Strong Desire to Void	Urgency	Max Cystometric Capacity	First Desire to Void
Vinfus	ml	169	320	389	462	N.A.	
Pdet	cmH2O				7	N.A.	-7

		First Sensation	Normal Desire to Void (Normal Desire)	Strong Desire to Void (Strong Desire)	Urgency
Qura	ml/s	0.0	0.0	0.0	0.0
Vura	ml	0	-1	-1	-2
Vinfus	ml	169	320	389	462
Pves	cmH2O	-9	-7	-14	-6
Pabd	cmH2O	-2	-8	-8	-14
Pdet	cmH2O	-7	1	-5	7
EMG	uV	-288	-252	-220	228
Time		00:05:39:36	00:10:41:54	00:12:59:14	00:15:27:40



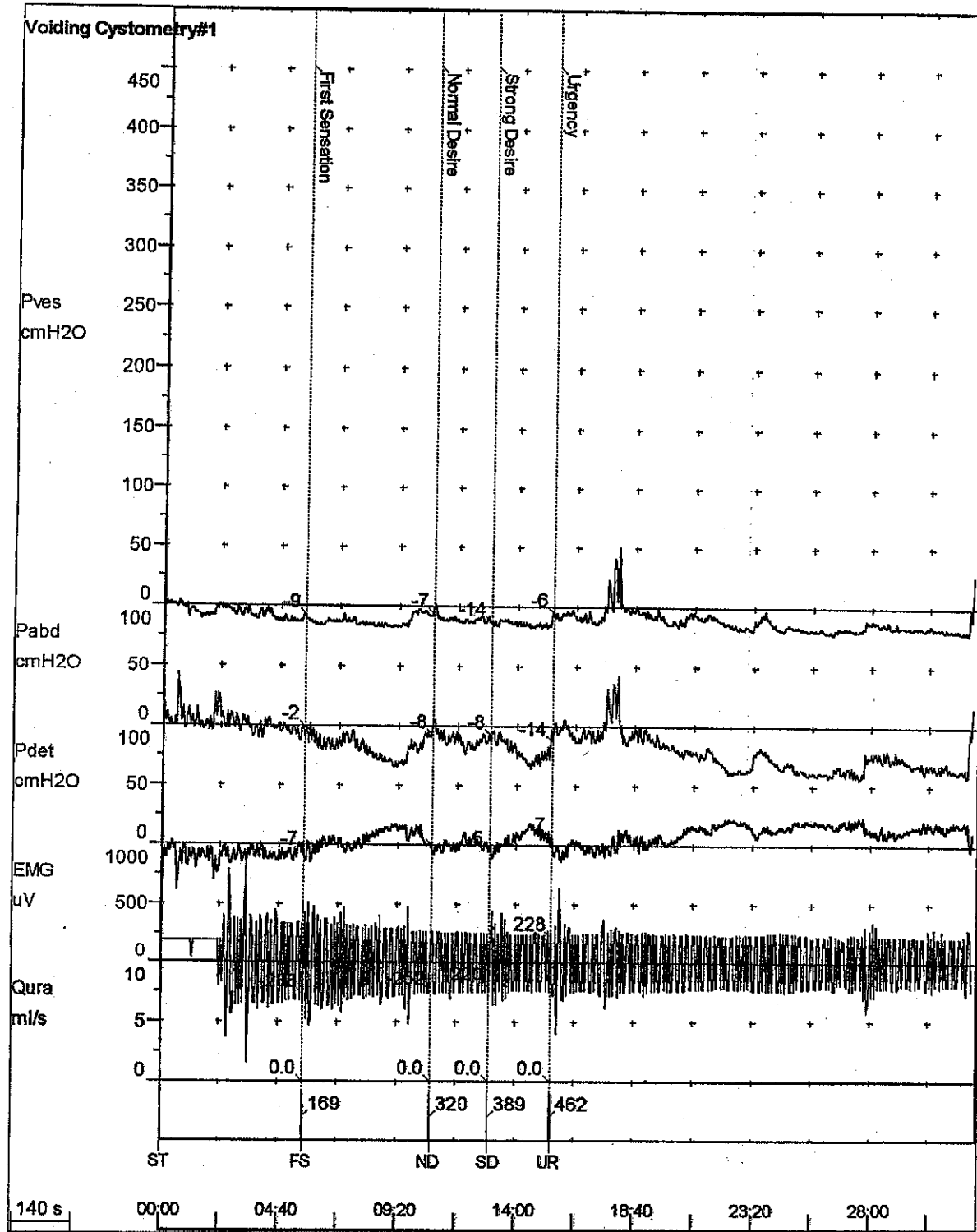
Case 1:10-cv-09212-JGK -DCF Document 13-9 Filed 02/17/11 Page 21 of 30

## Associated Urology Bergen - Passaic

07/16/2009

Patient Name David B. Pushkin  
Date of Birth 03/21/1963Patient ID  
Creation Date

07/16/2009 12:38:14 PM





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**Associated Urology Bergen - Passaic**

07/16/2009

Patient Name David B. Pushkin  
Date of Birth 03/21/1963

Patient ID  
Creation Date

07/16/2009 12:38:14 PM

**Voiding Cystometry#1**

07/16/2009 1:01:16 PM





Case 1:10-cv-00212-UP-VISIT OR OTHER OUTPATIENT SERVICE Page 23 of 30

FOLLOW-UP VISIT OR OTHER OUTPATIENT SERVICE

NAME: David Pushkin D.O.B. 3/21/63 AGE: 46 TODAY'S DATE: 7/20/09  
 TODAY'S WT. 189 HEIGHT 5'8 BP: Sitting RT/LT: 120/72 LIST CHANGES IN MEDICAL CONDITION  
 SINCE LAST VISIT: 1  
 ALLERGIES: Y N LIST: Penicillin  
 ANY NEW MEDICATIONS? Y N LIST:

## \*\*CHIEF COMPLAINT

Neurogenic Bladder

## REVIEW OF PREVIOUS TEST RESULTS

PSA: 0.13 DATE: \_\_\_\_\_

## \*\*HISTORY OF PRESENT ILLNESS

UA

Ux

Urodynamics

good sensation

169, 72, 462

could not void up

to 90cc

Leuko: \_\_\_\_\_  
 Nitrite: \_\_\_\_\_  
 Ph: \_\_\_\_\_  
 Protein: \_\_\_\_\_  
 Glucose: \_\_\_\_\_  
 Ketones: \_\_\_\_\_  
 Urobilinogen: \_\_\_\_\_  
 Bilirubin: \_\_\_\_\_  
 Blood: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Unstable

\*GEN. APPEARANCE: NORMAL \_\_\_\_\_ OTHER \_\_\_\_\_

\*NEURO/PSYCH: NORMAL \_\_\_\_\_ DISORIENTED: \_\_\_\_\_

\*NECK: NORMAL \_\_\_\_\_ OTHER: \_\_\_\_\_

\*ABDOMEN: NORMAL \_\_\_\_\_ MASSES: \_\_\_\_\_ TENDERNESS: \_\_\_\_\_

## PHYSICAL EXAM

N=NORMAL A=ABNORMAL D=DEFERRED I DESCRIPTION OF ABNORMAL FINDINGS

## GU EXAM MALE:

\*CVA: \_\_\_\_\_

\*ABD/PELVIC: \_\_\_\_\_

TENDERNESS: \_\_\_\_\_

\*PENIS: \_\_\_\_\_

\*TESTES: \_\_\_\_\_

\*EPIDIDYMIDES: \_\_\_\_\_

\*PROSTATE: \_\_\_\_\_

## GU EXAM FEMALE:

\*CVA: \_\_\_\_\_

\*ABDOMEN: \_\_\_\_\_

TENDERNESS: \_\_\_\_\_

\*PELVIS: \_\_\_\_\_

\*BLADDER: \_\_\_\_\_

\*VAGINA: \_\_\_\_\_

COUNSELING: W/ PT./FAMILY FOR TODAY'S FINDINGS \_\_\_\_\_ SURGERY \_\_\_\_\_ CANCER TX \_\_\_\_\_

TIME SPENT: \_\_\_\_\_ MIN. CONSENT SIGNED: \_\_\_\_\_

## DX. FOR TODAY'S PROCEDURE:

CYSTO: \_\_\_\_\_

CYSTO DIL: \_\_\_\_\_

PROSTATE ULTRA/ BX: \_\_\_\_\_

RENAL ULTRA: \_\_\_\_\_

SCROTAL ULTRA: \_\_\_\_\_

## TODAY'S PROCEDURE:

STENT REMOVAL: \_\_\_\_\_

## MEDS FOR TODAY'S PROCEDURE

\*\*IMPRESSION (DX) \_\_\_\_\_

## \*\*ASSESSMENT PLAN:

## MEDICATION:

## PHYSICIAN SIGNATURE

BILLING P/C 99212 99213 99214 99215

NUMBER OF ITEMS EXAMINED

5 POINTS = 99212 OR 10 Min. / Minor

12 + POINTS = 99214 OR 25 Min. / Mod. to High/complex.

FOR EST. PTS. CHIEF COMPLAINT, HISTORY, DX, ASSESSMENT PLAN/MEDICAL DECISION MAKING ARE NEEDED \*\*\*TIME SPECIFIED OR EXAM 5 TO ALL POINTS ARE NEEDED TO SELECT THE CORRECT CODE (REVISED:10-29-03)

6+ POINTS = 99213 OR 15 Min. / Low to Mod. severity

ALL POINTS = 99215 OR 40 Min. / High complexity

SCHEDULE NEXT F/U APPOINTMENT

WKS. \_\_\_\_\_ MOS. \_\_\_\_\_ YR. \_\_\_\_\_ PRN \_\_\_\_\_

Plan: Cont conservative management  
Urodynamics likely showed 2<sup>nd</sup> to position  
catheter etc. Will do bladder scan prior to uro

Prostate Small, non-obstructed

Bladder collapsed, w signs of ↑ PVR

UV, clear

0 bladder masses



Case 1:10-cv-00000-00000 Document 13-9 Filed 02/17/11 Page 24 of 30

**NAME:** David Pushkin **D.O.B.** 8/21/63 **AGE:** 46 **TODAY'S DATE:** 8/10/09  
**TODAY'S WT.** 189 **HEIGHT** 5'8" **BP; Sitting RT/LT:** 122/82 **LIST CHANGES IN MEDICAL CONDITION**  
**SINCE LAST VISIT:** \_\_\_\_\_  
**ALLERGIES:** Y N **LIST:** PMN  
**ANY NEW MEDICATIONS?** Y N **LIST:** \_\_\_\_\_

**\*\*CHIEF COMPLAINT**Neuropenic Bladder**\*\*HISTORY OF PRESENT ILLNESS**

Reveal US WNL  
PUR 1.1 cc  
Pre Void 376.2 cc  
Cr = 0.88  
H/H ↓ (12.1/35.6)

Leuko: \_\_\_\_\_  
 Nitrite: \_\_\_\_\_  
 Ph: \_\_\_\_\_  
 Protein: \_\_\_\_\_  
 Glucose: \_\_\_\_\_  
 Ketones: \_\_\_\_\_  
 Urobilinogen: \_\_\_\_\_  
 Bilirubin: \_\_\_\_\_  
 Blood: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**REVIEW OF PREVIOUS TEST RESULTS**

**PSA:** 0.13 **DATE:** \_\_\_\_\_

**\*GEN. APPEARANCE:** NORMAL ☒ **OTHER:** \_\_\_\_\_  
**\*NEURO/PSYCH:** NORMAL ☒ **DISORIENTED:** \_\_\_\_\_ **\*MOOD/AFFECT:** \_\_\_\_\_  
**\*NECK:** NORMAL ☒ **OTHER:** \_\_\_\_\_ **\*SKIN:** NORMAL ☒ **OTHER:** \_\_\_\_\_  
**\*ABDOMEN:** NORMAL ☒ **MASSSES:** \_\_\_\_\_ **TENDERNESS:** \_\_\_\_\_ **\*HERNIA:** ABSENT ☒ **PRESENCE:** \_\_\_\_\_

**PHYSICAL EXAM**

**N=NORMAL A=ABNORMAL D=DEFERRED I DESCRIPTION OF ABNORMAL FINDINGS**

**GU EXAM MALE:**

**\*CVA:** CP  
**\*ABD/PELVIC:** CP **MASSSES:** \_\_\_\_\_  
**TENDERNESS:** CP **ORGANOMEGALY:** \_\_\_\_\_ **OBESITY:** \_\_\_\_\_  
**\*PENIS:** WNL  
**\*TESTES:** DL  
**\*EPIDIDYMIDES:** \_\_\_\_\_  
**\*PROSTATE:** \_\_\_\_\_

**GU EXAM FEMALE:**

**\*CVA:** \_\_\_\_\_  
**\*ABDOMEN:** \_\_\_\_\_ **MASSSES:** \_\_\_\_\_  
**TENDERNESS:** \_\_\_\_\_ **ORGANOMEGALY:** \_\_\_\_\_ **OBESITY:** \_\_\_\_\_  
**\*PELVIS:** \_\_\_\_\_  
**\*BLADDER:** \_\_\_\_\_  
**\*VAGINA:** \_\_\_\_\_

**COUNSELING:** W/ PT./FAMILY FOR TODAY'S FINDINGS SURGERY CANCER TX

**TIME SPENT:** \_\_\_\_\_ **MIN. CONSENT SIGNED:** \_\_\_\_\_

**DX. FOR TODAY'S PROCEDURE:**

**CYSTO:** \_\_\_\_\_ **CYSTO DIL:** \_\_\_\_\_ **VAS:** \_\_\_\_\_ **FLOW/SCAN:** \_\_\_\_\_ **TODAY'S PROCEDURE:** \_\_\_\_\_  
**PROSTATE ULTRA/ BX:** \_\_\_\_\_ **RENAL ULTRA:** \_\_\_\_\_ **SCROTAL ULTRA:** \_\_\_\_\_

**MEDS FOR TODAY'S PROCEDURE:**

**\*\*IMPRESSION (DX)** Neuropenic Bladder

**\*\*ASSESSMENT PLAN:**

- Reveal US WNL  
- PUR WNL

**MEDICATION:**

- BUN/Cr WNL

- Anemia? etiology

- Cont. Conservative Management for Bladder symptoms

**PHYSICIAN SIGNATURE**

**BILLING F/U** 99212 99213 99214 99215

**NUMBERED OF ITEMS EXAMINED**

**5 POINTS = 99212 OR 10 Min. /Minor**

**12 + POINTS = 99214 OR 25 Min. /Mod. to High/complex.**

**ALL POINTS = 99215 OR 40 Min. /High complexity**

**FOR EST.PTS. CHIEF COMPLAINT, HISTORY,DX, ASSESSMENT PLAN/ MEDICAL DECISION MAKING ARE NEEDED \*\*\*TIME SPECIFIED OR EXAM 5 TO ALL POINTS ARE NEEDED TO SELECT THE CORRECT CODE (REVISED:10-29-03)**

- (M) to complete anemia workup

**SCHEDULE NEXT F/U APPOINTMENT**  
 \_\_\_\_\_ **WKS.** \_\_\_\_\_ **MOS.** \_\_\_\_\_ **YR.** ☒ **PRN**

- Consider CTAP to R/O hematuria

**6+ POINTS = 99213 OR 15 Min. /Low to Mod.severity**

**ALL POINTS = 99215 OR 40 Min. /High complexity**



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David Pushkin

8/10/09

PATIENTS NAME

DATE

**ULTRASOUND WORKSHEET**

**RENAL ULTRASOUND**

Right: Size ~10.6 cm

Findings

No hydronephr.  
No stone seen

Left: Size ~

Findings

10.6 cm  
very gassy

No hydronephr.  
No stone seen

**PELVIC ULTRASOUND**

Volume: Pre-Void - 376.2 ml

Post-Void - 1.1 ml

/empty

Other:

**SCROTAL ULTRASOUND**

Right:

Left:

**PROSTATE ULTRASOUND**

Volume:

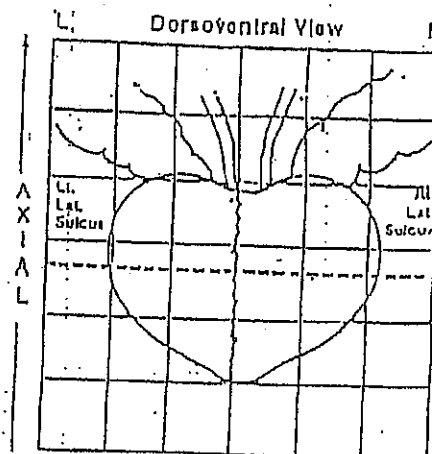
Findings: Central Zone:

Peripheral Zone:

Other:

Prostatic Urethral length:

Bx.:





HACKENSACK UNIVERSITY MEDICAL CENTER  
CONSULTATION SHEETMEDICAL RECORD #: 0035636-2  
BILLING #: 059519470  
ADMIT DATE: 09/21/2009  
DISCHARGE DATE:  
UNIT: 05SJ ROOM:  
SVC: MED PT TYPE: IPUSHKIN, DAVID  
ATTENDING PHYSICIAN:  
CONSULTATION REQUESTED: Urology.  
DATE OF CONSULTATION: 09/22/2009

AGE: 46

CONSULTANT'S FINDINGS: This is a 46-year-old gentleman who presented to me with a neurogenic bladder and retention. He had an L2-S1 fusion in 03/2007. Since that time, the patient developed an L1-L2 spondylolisthesis requiring fusion. He presented to me complaining of retention with a high postvoid residual, frequency, and nocturia.

Lower urinary tract symptoms were characterized by frequency every 2 hours, nocturia 1 to 3 times, strong urgency, but incomplete emptying.

This admission was characterized by a recent fall on admission. The patient was found to have blurry vision and urinary retention. I was asked to evaluate the patient for acute renal failure and azotemia.

PAST GENITOURINARY HISTORY: Significant for testis and prostate inflammation, but the patient denies any urinary tract infections, sexually transmitted disease, or stones.

PAST MEDICAL HISTORY: As above.

PAST SURGICAL HISTORY: As above.

PHYSICAL EXAMINATION: Vital Signs: Currently, the patient is afebrile. His vital signs are stable. General: He is in no apparent distress. Lungs: Clear to auscultation bilaterally. Heart: Regular rate and rhythm. Abdomen: Soft, nontender, nondistended. No masses noted.

LABORATORY DATA: Hemoglobin 10.1, hematocrit 28.3. BUN and creatinine are 98 and 1.9 respectively. They were previously 110 and 4.1.

ASSESSMENT: Urinary retention. The differential diagnosis includes narcotic-related retention, neurogenic bladder from spinal cord involvement with detrusor sphincter dyssynergia, as well as bladder outlet obstruction from benign prostatic hyperplasia.

Based on my evaluation in the office, the patient does have normal detrusor pressures. He does not have detrusor sphincter dyssynergia. He had a postvoid residual of 11 mL. It is unclear why he is in retention at this time.

CONSULTATION SHEET

Page 1 of 2

CC Copy for Gregory G Lovallo, M.D.





## CONTINUATION SHEET

PATIENT NAME: PUSHKIN, DAVID

MEDICAL RECORD #: 0035636-2

PLAN: Continue the Foley catheter until the patient's renal function returns to normal. Once this is the case, the catheter can be removed and a postvoid residual checked with bladder scan or straight catheter. If the patient's residuals increase, he may require intermittent catheterization until the acute issue resolves.

ADDENDUM: 09/22/2009

Please note cystoscopic evaluation was performed in my office in the past, which revealed a normal urethra, a short, non-obstructing prostate and a bladder, which was collapsed at the onset of the procedure with no signs of an elevated postvoid residual.

Urodynamic evaluation was also performed revealing good sensation and contractions at 169 mL, 320 mL and 462 mL. The patient was unable to void during the examination; however, upon removal of the catheter, the patient urinated freely with minimal postvoid residual.

CC Gregory G Lovallo, M.D.  
Gregory G Lovallo, M.D.

ELECTRONICALLY SIGNED

Gregory G Lovallo, M.D. 09/29/2009 16:13

---

Gregory G Lovallo, M.D.

DD: 09/22/2009  
DT: 09/23/2009  
HUMC/GGL/MS/cb  
JOB #: 000322173/322179

CONSULTATION SHEET

Page 2 of 2

CC Copy for Gregory G Lovallo, M.D.



HACKENSACK UNIVERSITY MEDICAL CENTER  
CONSULTATION SHEET

BILLING #: 059519470  
ADMIT DATE: 09/21/2009  
DISCHARGE DATE: 09/25/2009  
UNIT: 05SJ ROOM:  
SVC: MED PT TYPE: I

PATIENT NAME: PUSHKIN, DAVID B

AGE: 46

ATTENDING PHYSICIAN: Stephen Sherer, M.D.

CONSULTATION REQUESTED: Neurosurgery.

DATE OF CONSULTATION: 09/25/2009

REASON FOR CONSULTATION: Chronic low back pain and acute urinary retention.

HISTORY OF PRESENT ILLNESS: The patient is a 46-year-old male, well known to me. He has had extensive spine surgery at an outside institution several years ago. He had a very complicated postoperative course, and was hospitalized for several months with infection and spinal fluid leak. He has had persistent low back and leg pain since then, and has been heavily dependent on narcotics. The patient has been followed as an outpatient with outpatient MRIs and has had urological studies as an outpatient, that were unremarkable and did not show any neurogenic or other problems of the bladder otherwise. Apparently the patient became confused and had a fall over the weekend and was brought to the hospital by the emergency medical services staff. A workup revealed him having elevated BUN and creatinine. A Foley was placed and he had a large amount of urine in his bladder. His obstructive nephropathy seems to be resolving at this point. The question is whether this could be related to any nerve compression.

PAST MEDICAL HISTORY: Hyperlipidemia.

MEDICATIONS: He is currently on Topamax, simvastatin, Lovenox, morphine tablets 15 mg and 30 mg. He takes 30 mg of morphine every 6 hours and 15 mg every 8 hours around-the-clock.

REVIEW OF SYSTEMS: Was done based on review of the chart and can be accessed.

PHYSICAL EXAMINATION: He is awake and alert. His pupils are brisk. Extraocular movements intact. Face symmetric. Tongue is midline. His motor examination is 5/5 in all groups. He has no long tract signs. He does not have any signs of myelopathy.

LABORATORY DATA: On arrival, his white blood cell count was 11.8; hemoglobin 10.4; platelets 488. Sodium 122; potassium 4.9; BUN 110; creatinine 4.1; glucose 78. After draining of his bladder and significant hydration, his blood work has normalized.

IMAGING: He had an MRI of the lumbar spine which shows instrumented fusion with laminectomies. The fusions are from L2 to S1, and include the ilium. There is a degree of adjacent level disease at L1-L2 and some stenosis of the canal at that point; however, based upon review of this compared to his outpatient MRI, there do not appear to be any changes compared to this and the outpatient MRI. There is also a pseudomeningocele that has been stable with all his imaging.

CONSULTATION SHEET

Page 1 of 3



FAX - Dr. David B. Pushkin to: D. Pushkin FAX medical records for Ronald Pierso 13:32 12/17/09GMT-05 Pg 21-22

CONSULTATION SHEET

Case 1:10-cv-00212-JGR Document 13-9 Filed 02/17/11 Page 29 of 30  
PATIENT NAME: PUSHKIN, DAVID B MEDICAL RECORD #: 0035636-2

ASSESSMENT AND PLAN: A 46-year-old male who is presenting with acute renal insufficiency secondary to urinary retention, with correction of his blood work upon hydration and correction of his retention. The patient has had his catheter removed today and was able to void. He feels that he emptied his bladder completely. His imaging is essentially unchanged from before. There are no acute changes to explain the acute urinary retention, particularly with a urodynamic and urological study only weeks ago that showed him not to have any bladder issues. Most likely this is secondary to his high dose of narcotics. Apparently he was placed on additional medication with an opiate, which has since been stopped. The patient is able to void independently and we will obtain a post-void residual to assess if there is any reason for bladder dysfunction. This was communicated to the patient, as well as to Dr. Sherer.

Thank you very much.

CC Hooman Azmi, M.D.  
Stephen Sherer, M.D.

ELECTRONICALLY SIGNED

Hooman Azmi, M.D. 09/30/2009 14:32

Hooman Azmi, M.D.

DD: 09/25/2009  
DT: 09/26/2009  
HUMC/HA/JLR  
JOB #: 000323996/323995

CONSULTATION SHEET

Page 3 of 3



Case 1:10-cv-09212-JGK-DCF Document 13-9 Filed 03/27/11 Page 30 of 30

## SUMMARY SHEET

BILLING #: 059519470

ADMIT DATE: 09/21/2009

DISCHARGE DATE: 09/25/2009

UNIT: 05SJ

ROOM:

SVC: MED

PT STS: I

PATIENT NAME: PUSHKIN, DAVID

AGE: 46

**HOSPITAL COURSE:** This is a 46-year-old gentleman with a long history of back pain. He has had laminectomies in the past and was being treated by Dr. Park for failed back syndrome. They were using narcotic medications. He was on Avinza 90 mg once daily with immediate release Morphine 3-4 times a day for breakthrough pain. On the day of admission, he came to the emergency room stating he was confused and can not mentate properly. The head CT scans were negative. He was found to be in renal failure with urinary retention and high BUN and creatinine. A Foley was inserted to allow the patient to urinate. The question was whether this urinary retention was from nerve impingement or from narcotic medications used to treat the back pain or from a combination of both. The patient's MRI was suboptimal. We decided to let neuro decide whether CT or CT myelogram was needed. By the next day, he was somewhat mentally clearer. The plan was to get urology and pain management to see the patient. Genitourinary saw the patient and the etiology was unclear to him whether a spinal cord compression, benign prostatic hypertrophy, or narcotic use was it. We also had the patient seen by nephrology. Neuro felt that the disorientation was due to toxic metabolic encephalopathy. The CT of the thoracic spine showed no evidence of acute compression or canal compromise. The ultrasound of the retroperitoneum with the catheter in failed to show any hydronephrosis. We attempted to get neurosurgery to see him as he had seen the patient in the past. In the meanwhile, urology, after medication Flomax, wanted to give a voiding trial in the morning. The patient appeared to be able to void. He was seen by neurosurgery who wanted to wait on further workup as an outpatient. The patient was continually able to void. He was discharged to home. He will be followed by urology, pain management, and neurosurgery on an outpatient basis.

CC Stephen Sherer, M.D.

UN-REVIEWED

Stephen Sherer, M.D.

DD: 09/30/2009

DT: 10/03/2009

IUMC/SS/lg2

SUMMARY SHEET

Page 1 of 2





Case 1:10-cv-00219-GRS Document 13-10 Filed 02/17/11 Page 1 of 19

## FOLLOW UP VISIT OR OTHER OUTPATIENT SERVICE

NAME: David Pushkin D.O.B.: 3/2/63 AGE: 46 TODAY'S DATE: 10/5/09  
 TODAY'S WT: 174 HEIGHT: 5'8" BP: Sitting RT/LT: 110/70 LIST CHANGES IN MEDICAL CONDITION  
 SINCE LAST VISIT: \_\_\_\_\_  
 ALLERGIES: Y N LIST: Penicillin  
 ANY NEW MEDICATIONS? Y N LIST: Lacit

## \*\*CHIEF COMPLAINT

Neurogenic Bladder

## REVIEW OF PREVIOUS TEST RESULTS

PSA: 0.13 DATE: \_\_\_\_\_

## \*\*HISTORY OF PRESENT ILLNESS

S/P episode of retention,

@ home. Voiding

better since Foley removed

9/26. Still a strong strong

feels as though he emptied

Leuko: \_\_\_\_\_  
 Nitrite: \_\_\_\_\_  
 Ph: \_\_\_\_\_  
 Protein: \_\_\_\_\_  
 Glucose: \_\_\_\_\_  
 Ketones: \_\_\_\_\_  
 Urobilinogen: \_\_\_\_\_  
 Bilirubin: \_\_\_\_\_  
 Blood: \_\_\_\_\_  
 Comments: \_\_\_\_\_

\*GEN. APPEARANCE: NORMAL ✓ OTHER \_\_\_\_\_

\*NEURO/PSYCH: NORMAL ✓ DISORIENTED: \_\_\_\_\_

\*NECK: NORMAL ✓ OTHER: \_\_\_\_\_

\*ABDOMEN: NORMAL ✓ MASSES: \_\_\_\_\_ TENDERNESS: \_\_\_\_\_

\*MOOD/AFFECT: \_\_\_\_\_

\*SKIN: NORMAL: \_\_\_\_\_ OTHER: \_\_\_\_\_

\*HERNIA: ABSENT \_\_\_\_\_ PRESENCE: \_\_\_\_\_

## PHYSICAL EXAM

N=NORMAL A=ABNORMAL D=DEFERRED I DESCRIPTION OF ABNORMAL FINDINGS

## GU EXAM MALE:

\*CVA: 4  
 \*ABD/PELVIC: 4 MASSES: \_\_\_\_\_  
 TENDERNESS: 4 ORGANOMEGALY: \_\_\_\_\_ OBESITY: \_\_\_\_\_  
 \*PENIS: WNL  
 \*TESTES: 1L  
 \*EPIDIDYMIDES: \_\_\_\_\_  
 \*PROSTATE: \_\_\_\_\_

## GU EXAM FEMALE:

\*CVA: \_\_\_\_\_  
 \*ABDOMEN: \_\_\_\_\_ MASSES: \_\_\_\_\_  
 TENDERNESS: \_\_\_\_\_ ORGANOMEGALY: \_\_\_\_\_ OBESITY: \_\_\_\_\_  
 \*PELVIS: \_\_\_\_\_  
 \*BLADDER: \_\_\_\_\_  
 \*VAGINA: \_\_\_\_\_

COUNSELING: W/ PT./FAMILY FOR TODAY'S FINDINGS \_\_\_\_\_ SURGERY \_\_\_\_\_ CANCER TX \_\_\_\_\_

TIME SPENT: \_\_\_\_\_ MIN. CONSENT SIGNED: \_\_\_\_\_

## DX. FOR TODAY'S PROCEDURE:

## TODAY'S PROCEDURE:

CYSTO: \_\_\_\_\_ CYSTO DIL: \_\_\_\_\_ VAS: \_\_\_\_\_ FLOW/SCAN: \_\_\_\_\_ STENT REMOVAL: \_\_\_\_\_  
 PROSTATE ULTRA/ BX: \_\_\_\_\_ RENAL ULTRA: \_\_\_\_\_ SCROTAL ULTRA: \_\_\_\_\_

## MEDS FOR TODAY'S PROCEDURE:

\*\*IMPRESSION (DX) Neurogenic Bladder vs. BPH vs. neurotic use

## \*\*ASSESSMENT PLAN:

- Likely neurotic related based on

DMG & cytology results

## MEDICATION:

- Cont Flomax

- ✓ Flow/Scan 2-3 mos

## PHYSICIAN SIGNATURE

## SCHEDULE NEXT F/U APPOINTMENT

WKS 2-3 MOS. \_\_\_\_\_ YR. \_\_\_\_\_ PRN

BILLING: F/U 99212 99213 ✓ 99214 99215

## NUMBERED OF ITEMS EXAMINED

5 POINTS = 99212 OR 10 Min. /Minor

6+ POINTS = 99213 OR 15 Min. /Low to Mod severity

12+ POINTS = 99214 OR 25 Min. /Mod. to High/complex.

ALL POINTS = 99215 OR 40 Min. /High complexity

FOR EST PTS. CHIEF COMPLAINT, HISTORY, DX, ASSESSMENT PLAN/ MEDICAL DECISION MAKING ARE NEEDED \*\*\*TIME SPECIFIED OR EXAM 5 TO ALL POINTS ARE NEEDED TO SELECT THE CORRECT CODE (REVISED:10-29-03)



Case 1:10-cv-00212-JCK-DCP Document 10-10 Filed 04/13/11 Page 12 of 19

FOLLOW UP VISIT OR OTHER OUTPATIENT SERVICE

NAME: David Pishke D.O.B.: 3/21/46 AGE: 46 TODAY'S DATE: 12/14/05  
 TODAY'S WT: 184 HEIGHT: 5'8" BP: Sitting RT/LT: LIST CHANGES IN MEDICAL CONDITION:  
 SINCE LAST VISIT:  
 ALLERGIES: Y N LIST: PCN  
 ANY NEW MEDICATIONS? Y N LIST:

## \*\*CHIEF COMPLAINT

## \*\*HISTORY OF PRESENT ILLNESS

Leuko: \_\_\_\_\_  
 Nitrite: \_\_\_\_\_  
 Ph: \_\_\_\_\_  
 Protein: \_\_\_\_\_  
 Glucose: \_\_\_\_\_  
 Ketones: \_\_\_\_\_  
 Urobilinogen: \_\_\_\_\_  
 Bilirubin: \_\_\_\_\_  
 Blood: \_\_\_\_\_  
 Comments: \_\_\_\_\_

## REVIEW OF PREVIOUS TEST RESULTS

PSA: 0.13 DATE: \_\_\_\_\_\*GEN. APPEARANCE: NORMAL ✓ OTHER \_\_\_\_\_\*NEURO/PSYCH: NORMAL ✓ DISORIENTED: \_\_\_\_\_\*NECK: NORMAL: ✓ OTHER: \_\_\_\_\_\*ABDOMEN: NORMAL: ✓ MASSES: \_\_\_\_\_ TENDERNESS: \_\_\_\_\_

\*MOOD/AFFECT: \_\_\_\_\_

\*SKIN: NORMAL: \_\_\_\_\_

OTHER: \_\_\_\_\_

\*HERNIA: ABSENT

PRESENCE: \_\_\_\_\_

## PHYSICAL EXAM

N=NORMAL A=ABNORMAL D=DEFERRED I DESCRIPTION OF ABNORMAL FINDINGS

## GU EXAM MALE:

\*CVA: \_\_\_\_\_

\*ABD/PELVIC: \_\_\_\_\_ MASSES: \_\_\_\_\_

TENDERNESS: \_\_\_\_\_ ORGANOMEGALY: \_\_\_\_\_ OBESITY: \_\_\_\_\_

\*PENIS: WNL\*TESTES: LL

\*EPIDIDYMIDES: \_\_\_\_\_

\*PROSTATE: \_\_\_\_\_

## GU EXAM FEMALE:

\*CVA: \_\_\_\_\_

\*ABDOMEN: \_\_\_\_\_ MASSES: \_\_\_\_\_

TENDERNESS: \_\_\_\_\_ ORGANOMEGALY: \_\_\_\_\_ OBESITY: \_\_\_\_\_

\*PELVIS: \_\_\_\_\_

\*BLADDER: \_\_\_\_\_

\*VAGINA: \_\_\_\_\_

COUNSELING: W/ PT./FAMILY FOR TODAY'S FINDINGS \_\_\_\_\_ SURGERY \_\_\_\_\_ CANCER TX \_\_\_\_\_

TIME SPENT: \_\_\_\_\_ MIN. CONSENT SIGNED: \_\_\_\_\_

## DX. FOR TODAY'S PROCEDURE:

CYSTO: \_\_\_\_\_ CYSTO DIL: \_\_\_\_\_ VAS: \_\_\_\_\_ FLOW/SCAN: \_\_\_\_\_ TODAY'S PROCEDURE:

PROSTATE ULTRA/ BX: \_\_\_\_\_ RENAL ULTRA: \_\_\_\_\_ STENT REMOVAL: \_\_\_\_\_

SCROTAL ULTRA: \_\_\_\_\_

## MEDS FOR TODAY'S PROCEDURE:

\*\*IMPRESSION (DX) Neurogenic Bland

\*\*ASSESSMENT PLAN:

- Voiding well, Flow 37 cc/s  
 - PUA → 61 cc

MEDICATION:

- Cont Flomax

PHYSICIAN SIGNATURE

SCHEDULE NEXT F/U APPOINTMENT  
 \_\_\_\_\_ WKS. 6 MOS. \_\_\_\_\_ YR. \_\_\_\_\_ PRN

BILLING F/U 99212 99213 ✓ 99214 99215

NUMBERED OF ITEMS EXAMINED

5 POINTS = 99212 OR 10 Min. /Minor

12 + POINTS = 99214 OR 25 Min. /Mod. to High/complex.

6+ POINTS = 99213 OR 15 Min. /Low to Mod.severity

ALL POINTS = 99215 OR 40 Min. /High complexity

FOR EST.PTS. CHIEF COMPLAINT, HISTORY, DX, ASSESSMENT PLAN/ MEDICAL DECISION MAKING ARE NEEDED \*\*\*TIME  
 SPECIFIED OR EXAM 5 TO ALL POINTS ARE NEEDED TO SELECT THE CORRECT CODE (REVISED:10-29-03)



Encounter Note by Mouman Azmi MD (DOS: 09/01/2009)

Pushkin, David, PhD Case 1:10-cv-09212-JGK -DCF Document 13-10 Filed 02/17/11 Page 3 of 19

46-year old Male (DOB: 03/21/1963)

**Vitals:**

Height: 68 in

Weight: 180 lbs

BP:

Pulse:

Temp:

Resp:

**Social History / Family History:**

Patient uses alcohol products: socially

Father has/had: died of stroke

Mother has/had: died of MI and she had diabetes

Siblings have/had: sister has diabetes and lupus

Children have/had: na

**Chief Complaint:**

Onset Date: not entered

**HPI:** The patient returns for a follow up. At the last visit patient complained of pain in his sacrum and pelvis that radiated down to both legs. He returns with unchanged symptoms to discuss the possibility of surgery. He was seen by Dr. Lavallo for his bladder.

**PAST MEDICAL HISTORY**

Medical: Hypertension.

Surgical: 2007 Anterior/posterior lumbar fusion L2-S1 Dr Casden

**SOCIAL HISTORY**

Marital Status: Separated, no children

Occupation: Professor

**PHYSICAL EXAMINATION:****Motor****Power**

Lower Limbs	5/5 throughout in both lower limbs
Iliopsoas	Right 5/5 Left 5/5
Quadriceps	Right 5/5 Left 5/5
Hip Extension	Right 5/5 Left 5/5
Hamstrings	Right 5/5 Left 5/5
Tibialis Anterior	Right 5/5 Left 5/5
HL	Right 5/5 Left 5/5
Gastrocnemius	Right 5/5 Left 5/5

**INTERPRETATION OF IMAGING/DIAGNOSTIC STUDIES**



no new imaging available.

Case 1:10-cv-09212-JGK -DCF Document 13-10 Filed 02/17/11 Page 4 of 19

**IMPRESSION:**

I spent much time with Dr. Pushkin reviewing his condition. He seems to be anxious to discuss the option of surgery again. I discussed with him that the chance of another surgery helping his pain is extremely small, and the chance of him having significant morbidity from the surgery is high. He was just seen by a urologist that found his bladder to be functioning fine, and his constipation is most likely because of the significantly high amount of narcotics that he is taking. He has no objective weakness in his legs. I discussed with him that because of the high risks of surgery in his case and the low yield, I would not consider surgery on him unless either we see evidence of bladder dysfunction or weakness in his muscle strength. Mr. Pushkin asked several questions and I answered them for him. He understands this plan and is in agreement. He also asked me if I thought it could be a possibility that his worsening back symptoms may be due to an car accident that he had. I told him that its hard to know, but it is possible. I also encouraged him to consider reducing the amount of narcotics he is taking. He also thought that was a good idea and will follow up with Dr. Park. The option of spinal cord stimulation is still a viable option to help him with his pain.

**Assessment:**

Diagnosis Type	Description
Definitive	722.83 - POSTLAMINECTOMY SYNDROME OF LUMBAR REGION

**Followup:**

Visit Code: \*FOLLOW UP - 99213

[Reviewed and signed off electronically by Hooman Azmi MD on Oct 13 2009, 1:26 pm]





**LEVIN & MALKIN**  
75 ESSEX STREET  
HACKENSACK, N.J. 07601  
(201) 342-1515  
ATTORNEY FOR Plaintiff

*Plaintiff*

David Pushkin

vs.

*Defendant*

Robert J. Amitrano and John Does  
1-99 and Business Entities 1-99 (said  
names being fictitious and presently  
unknown) jointly and individually

SUPERIOR COURT OF NEW JERSEY  
LAW DIVISION  
BERGEN COUNTY

Docket No. BER-L-

CIVIL ACTION

COMPLAINT

Plaintiff complains of the defendants, jointly and individually, and says:

1. On or about January 28, 2008 plaintiff was lawfully operating a motor vehicle on the ramp from Route 4 West onto Paramus Road in Paramus, New Jersey.
2. On said same date and place defendant(s), jointly and individually, were operating their motor vehicle(s) or permitted their motor vehicle(s) to be operated in a careless and negligent manner, causing a collision.
3. As a direct result of the negligence of defendant(s), jointly and individually, plaintiff was caused to suffer great personal injury, has been caused to obtain medical attention, has been caused great financial loss, was caused to lose a great deal of time from employment/education, has lost and will continue to lose income, has suffered property damage, has been caused to suffer great pain and mental anguish and has been otherwise permanently damaged.



**WHEREFORE, plaintiff demands Judgment against the defendants, jointly and individually, for damages plus interest, attorney's fees and costs of suit.**

**JURY DEMAND**

**Plaintiff hereby demands a trial by jury as to all issues.**

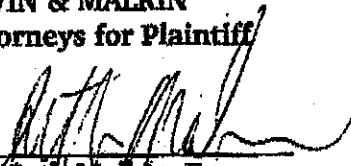
**DEMAND FOR DISCOVERY**

**Plaintiff demands that defendants answer uniform interrogatories Form C and the supplemental interrogatories within the time and manner prescribed by the Rules of this Court.**

**DESIGNATION OF TRIAL COUNSEL**

**Pursuant to Rule 4:25-4, Seth Malkin, Esq. is hereby designated as trial counsel.**

**LEVIN & MALKIN  
Attorneys for Plaintiff**

  
**By Seth Malkin, Esq.**

**January 4, 2010**



PUSHKIN, DAVID B.  
300 State Highway Route 3 East  
Suite 114  
East Rutherford, NJ 07073

Claim#: 0236794150101016  
Date Received: 2/8/2010  
Start DOS: 1/12/2010  
End DOS: 1/12/2010  
Charged Amount: \$446.00  
Patient Responsibility: \$0.00  
EOB ID#: 943519-1  
TIN: 13-5564934  
Payment Amount: \$55.44  
Provider Name: Beth Israel Medical Center  
Provider Address: PO BOX 95000-2195  
PHILADELPHIA, PA 19195

Beth Israel Medical Center  
PO BOX 95000-2195

PHILADELPHIA, PA 19195





## Explanation of Benefits

Insurance Company: **GEICO**  
**8000 Lincoln Drive East**  
**Marlton, NJ 08053**

Claim Number: 0236794150101016

Date of Injury: 28-Jan-08

Adjuster: Fuge, Gina

Provider TIN: 135564934

Provider: **Beth Israel Medical Center**  
**PO BOX 95000-2195**  
**PHILADELPHIA, PA 19195**

Patient: **PUSHKIN, DAVID B.**  
**300 State Highway Route 3 East**  
**Suite 114**  
**East Rutherford, NJ 07073**

Account Number: 1001256370048912768

DOS From 1/12/2010 To: 1/12/2010

### ICD-9 Code Diagnosis Description

724.2 LUMBAGO

Date of Service	Procedure Code and Description	Units	Billed Amount	FS/UCR Reduction	Statutory Reduction	Discount Amount	Deductible	Copay	Total Explanation Allowance
01/12/10	72100 X-RAY EXAM OF LOWER SPINE	1	446.00	358.19	0.00	32.37	0.00	0.00	55.44 615, 101
Total			446.00	358.19	0.00	32.37	0.00	0.00	55.44

### Explanation Codes

- 101 The fees for this service exceed the amount allowed according to the state Fee Schedule.  
 615 The fees for this service have been reduced according to the PHS(GALAXY\_HEALTH) PPO Network. For questions, contact Prime Health at (866) 348-3887.

### NY HCRA SURCHARGE AMOUNTS

ELECTOR: \$0.00  
 NON-ELECTOR: \$0.00

This bill has been reviewed in accordance with New York Automobile Medical Fee Regulations.

Questions regarding this review may be directed to:

Premier Prizm Solutions  
 P.O. Box 986  
 Marlton, NJ 08053

Phone: 856 596-5600  
 Fax: 856 596-6300

Date Received: 08-Feb-10  
 Date Processed: 22-Feb-10  
 Bill ID: 943519-1

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Please reference GEICO's Decision Point Review/Pre-Cert Plan for all details regarding all requirements for our Internal Appeals Process, Assignment of Benefits Provisions, and Dispute Resolution. This can be accessed at [www.PremierPrizm.com](http://www.PremierPrizm.com).

All Appeals MUST BE MAILED TO THE ABOVE ADDRESS.







cc to Attorney:

Malkin, Seth  
75 Essex Street  
Hackensack, NJ 07601



NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
DENIAL OF CLAIM FORM

TO INSURER: Complete this form, including item 33. Send 2 copies to applicant. Upon the request of the injured person, the insurer should send to the injured person a copy of all prescribed claim forms and documents submitted by or on behalf of the injured person.

GEICO 8000 Lincoln Drive Marlton, NJ 08053  NAIC NO.		For American Arbitration Association use	
A. POLICYHOLDER PUSHKIN, DAVID B.	B. POLICYNUMBER 2010349807	C. DATE OF ACCIDENT 1/28/2008	D. INJURED PERSON PUSHKIN, DAVID B. 300 State Highway Route 3 East Suite 114
E. CLAIM NUMBER 0236794150101016	F. APPLICANT FOR BENEFITS (Name and address) Beth Israel Medical Center First Avenue at 16th Street New York, NY 10003		G. AS ASSIGNEE Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

TO APPLICANT: SEE REVERSE SIDE IF YOU WISH TO CONTEST THIS DENIAL

YOU ARE ADVISED THAT FOR REASONS NOTED BELOW:

<input type="checkbox"/> 1. Your entire claim is denied as follows:	
<input checked="" type="checkbox"/> 2. A portion of your claim is denied as follows:	
<input type="checkbox"/> A. Loss of Earnings: \$	<input type="checkbox"/> D. Interest: \$
<input checked="" type="checkbox"/> B. Health Service Benefits: \$ 390.56	<input type="checkbox"/> E. Attorney's Fees: \$
<input type="checkbox"/> C. Other Necessary Expenses: \$	<input type="checkbox"/> F. Death Benefit: \$

REASON(S) FOR DENIAL OF CLAIM (Check reasons and explain below in item 33)

## POLICY ISSUES

<input type="checkbox"/> 3. Policy not in force on date of accident:	<input type="checkbox"/> 6. Injured person not an "Eligible Injured Person":
<input type="checkbox"/> 4. Injured person excluded under policy conditions or exclusion:	<input type="checkbox"/> 7. Injuries did not arise out of use or operation of a motor vehicle
<input type="checkbox"/> 5. Policy conditions violated:	<input type="checkbox"/> 8. Claim not within the scope of your election under Optional Basic Economic Loss coverage
<input type="checkbox"/> a. No reasonable justification given for late notice of claim.	
<input type="checkbox"/> b. Reasonable justification not established. You may qualify for expedited arbitration. See page two of this form for instructions.	

## LOSS OF EARNINGS BENEFITS DENIED

<input type="checkbox"/> 9. Period of disability contested: period in dispute From _____ Through _____	<input type="checkbox"/> 11. Exaggerated earnings claim of \$ _____ per month denied
<input type="checkbox"/> 10. Claimed loss not proven:	<input type="checkbox"/> 12. Statutory offset taken
	<input type="checkbox"/> 13. Other, explained below:

## OTHER REASONABLE AND NECESSARY EXPENSES DENIED

<input type="checkbox"/> 14. Amount of claim exceeds daily limit of coverage	<input type="checkbox"/> 16. Incurred after one year from date of accident
<input type="checkbox"/> 15. Unreasonable or unnecessary expenses	<input type="checkbox"/> 17. Other, explained below:

## HEALTH SERVICE BENEFITS DENIED

<input checked="" type="checkbox"/> 18. Fees not in accordance with fee schedules	<input type="checkbox"/> 20. Treatment not related to accident
<input type="checkbox"/> 19. Excessive treatment, service or hospitalization From _____ Through _____	<input type="checkbox"/> 21. Unnecessary treatment, service or hospitalization From _____ Through _____
	<input checked="" type="checkbox"/> 22. Other, explained below:

COMPLETE ITEMS 23 THROUGH 32 IF CLAIM FOR HEALTH SERVICE BENEFITS IS DENIED

23. Provider of Health Service (Name, Address and Zip Code) Beth Israel Medical Center First Avenue at 16th Street New York, NY 10003	25. Period of bill - treatment dates 1/12/2010 - 1/12/2010	29. Date final verification received
	26. Date of bill 1/22/2010	30. Amount of bill \$446.00
24. Type of service rendered Medical Care	27. Date bill received by insurer 2/8/2010	31. Amount paid by insurer \$55.44
	28. Date final verification requested	32. Amount in dispute \$390.56

33. State reason for denial, fully and explicitly (attach extra sheets if needed):

Refer to the EOB for the explanation of reduction

 2/22/2010  
 DATED: \_\_\_\_\_  
 Name, and Title of Representative of Insurer: \_\_\_\_\_  
 Fuge, Gina Claims Service Rep.

Premier Prism Solutions in Medical Management, Inc. 10 East Slow Road, Suite 100, Marlton, NJ 08053

Name and address of Insurer claim processor (Third Party Administrator), if applicable

(856) 596-5600

TELEPHONE NUMBER:

NYS FORM NF-10 (Rev 1/2004)

Page 1 of 3





**State of New Jersey**  
**DEPARTMENT OF BANKING AND INSURANCE**  
**CONSUMER PROTECTION SERVICES**

CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

PO BOX 329  
TRENTON, NJ 08625-0329

TEL (609) 292-5316  
FAX (609) 292-7522

WILLIAM G. RADER  
*Acting Commissioner*

DAVID PUSHKIN PHD  
300 STATE HIGHWAY  
ROUTE# 3  
EAST RUTHERFORD, NJ 07073

February 2, 2010

Re: GEICO CASUALTY COMPANY  
File #: 10-21366

Dear DAVID PUSHKIN PHD:

We have received your correspondence and have begun an inquiry into this matter. The investigator assigned to your file is VIVIEN COSNER and the number assigned to your case is 10-21366.

We have written to the licensee and directed them to provide us with a written report. As soon as the Department has received the requested information and reviewed the documentation submitted by all parties, we will provide a written response outlining our findings.

Your concerns are important to us and we will attempt to reply in a timely manner. However, due to the complexities of most inquiries, we will not be able to provide an estimated time for that response. In addition, some issues relating to medical decisions, legal interpretations, undocumented questions of fact, or self-funded health plans governed by Federal ERISA Regulations cannot be resolved by our office. Such matters may have to be pursued through legal or arbitration proceedings.

If your complaint concerns a self-funded health benefits plan governed by Federal ERISA Regulations, you should be aware that there is a time limit to appeal this matter. **Please check your benefits booklet for specific information.** If you have additional questions concerning your rights under ERISA Regulations, you can contact the U.S. Department of Labor, Pension and Welfare Benefits Administration at (866) 275-7922.

Furthermore, be advised that our review does not automatically suspend any licensee or provider's actions. **Therefore, until our review is completed, you should take whatever steps are necessary to protect your interests, e.g. make premium payments, obtain replacement coverage, establish a plan to pay large medical bills, seek legal action, etc.**

If, during the intervening period, you wish to provide our agency with additional information, please submit it in writing to VIVIEN COSNER and be sure to refer to your assigned file number 10-21366.

New Jersey Department of Banking and Insurance  
292-5316 Extension 5-0481

Fax 609-292-7522

ACK

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STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

ANDREW M. CUOMO  
ATTORNEY GENERAL

February 2, 2010

DIVISION OF SOCIAL JUSTICE  
HEALTH CARE BUREAU

Meritain Health  
Attn: Timothy J. Quinlivan, Esq.  
Vice President and Associate General Counsel  
300 Corporate Parkway  
Amherst, NY 14226

Re: David Pushkin  
ID: 9872273915

Dear Mr. Quinlivan:

The Attorney General's Health Care Bureau has received the enclosed complaint from David Pushkin concerning claims for services rendered from July 2009 to the present. He has signed the enclosed consent for release of patient information form.

Dr. Pushkin's initial complaint letter dated December 14, 2009 states he underwent spinal surgery on March 21, 2007 and was not fully recovered when he was involved in an automobile accident on January 28, 2008, causing re-injury to his spinal condition. He had a no-fault claim with Geico and received a notice dated August 8, 2008 that all further orthopedic treatment for injuries sustained as a result of the auto accident would be denied effective August 11, 2008.

Dr. Pushkin informs our office claims for medical services rendered in 2009 were denied by Meritain Health as being the responsibility of the no-fault carrier. Dr. Pushkin states since Meritain Health authorized the services, and since Geico had issued a denial of any related claims after August 11, 2008, the 2009 claims should be covered by his health plan. Dr. Pushkin informs our office Geico subsequently re-opened his no-fault claim on September 8, 2009. He is requesting coverage from Meritain Health for dates of service prior to this date. Since medical services were also rendered after this date, by copy of this letter, we are notifying Geico of Dr. Pushkin's dispute.

We ask that both Meritain Health and Geico review Dr. Pushkin's concerns and provide our office with the status of all claims at issue. Responses may be directed to my attention at Office of the Attorney General, Health Care Bureau, The Capitol, Albany, NY 12224-0341 or sent via fax to me at 518-402-2163. Thank you for your attention to this matter.

Very truly yours,

Marie Briscoe  
Legal Assistant

✓cc: Dr. David Pushkin  
Geico, Attn: Gina Fuge via fax: 716-898-0542







Buffalo Office:  
300 Cross Points Parkway ■ Getzville, NY 14068

- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

Paul Feldmann  
NJ Branch Manager

February 2, 2010

Dr. David Pushkin  
300 State Highway Route 3 East, Suite 114  
East Rutherford, NJ 07073

Claim #: 0236794150101016  
Loss Date: January 28, 2008

Dear Dr. Pushkin:

This letter is in response to your correspondence of January 18, 2010. Mr. Nicely has referred your inquiry to me for handling.

As you know, we discussed your claim previously and as I expressed then, I am sorry you continue to be in pain. I will summarize our handling to date and what we are doing now to review your claim.

As you indicated, you attended an orthopedic Independent Medical Examination (IME) on May 19, 2008 and then went for a re-evaluation on July 28, 2008. The orthopedist determined no further treatment was needed for this specialty therefore benefits for orthopedic treatment were discontinued effective August 11, 2008. The IME physician recommended treatment in the form of pain management and a pre-certification request from Dr. Park for pain management treatment was received on October 7, 2009. This request was approved. A pain management IME conducted on October 15, 2009 indicated that you had reached maximum medical improvement with regards to injuries sustained in the motor vehicle accident of January 28, 2008.

In regard to the hospitalization of September 21 to September 25, 2009 at Hackensack University Medical center, we have requested this billing be evaluated by a physician to evaluate whether they feel this was in fact related to the motor vehicle accident on January 28, 2008. We will follow up to get this done as soon as possible and contact you to provide the results.

In addition, we have attempted to contact your attorney, Mr. Malkin, on two occasions and he has not returned our calls nor sent us a letter indicating he is representing you for this loss. If you would like for him to assist you in this matter, please advise him to contact us at his earliest convenience.

If you should have any additional questions, please contact me at the number below.

Very Truly Yours,

  
Paul Feldmann  
Branch Manager  
1-800-301-1390 x4500



Pushkin, David B.

Page: 2

trauma sustained from the MVA of 1/28/08. Although maximum medical improvement from his injuries had not yet been achieved, Dr. Epstein had projected that this point of MMI would be achieved in about six weeks (estimated to be mid-September 2008).

On 9/17/09, the patient underwent a procedure at the Holy Name Hospital which was described as a Lidocaine infusion for management of his chronic back pain. It was reported that the patient had previously tried multiple trigger point injections and physical therapy, but these approaches were not completely effective in controlling his pain. The Lidocaine infusion was described by the patient (as reported to Dr. Boris L. Prakhina at the time of another IME evaluation on 10/15/09) as being successful. The patient was also prescribed high dosages of daily narcotic medication.

On 9/21/09, the patient presented to the ER of the Hackensack Medical Center complaining of mental status changes (confusion) and dizziness. After an initial ER evaluation consisting of routine admitting laboratory studies and a CT scan of the head, the patient was noted to be in acute renal failure with a BUN of 110 and a serum creatinine of 4.1. A Foley catheter was inserted with the removal of nearly 2 liters of urine. It was determined that the patient suffered from an obstructive uropathy.

Dr. Pushkin was admitted to hospital level care where he remained through 9/25/09. During this time, he was evaluated by nephrology, urology, and neurosurgery. Urology performed a cystoscopy. The findings were consistent with an atonic bladder although no other specific abnormalities were charted. The markedly elevated BUN and Creatinine gradually returned toward normal as the patient's bladder outlet obstruction was relieved and fluids were replaced. A lumbar MRI was obtained to determine if there were any specific findings in the lumbar spine which might explain a neurogenic bladder. Architectural findings similar to the previous radiographic studies mentioned above were noted, and neurosurgery did not feel that the patient required any further surgical evaluation. After study, it was suspected that the patient developed renal failure and an atonic bladder due to high dosages of narcotic medications used to control this patient's chronic back pain.

### III - Summary and Recommendations

Dr. David Pushkin developed urinary retention and renal failure (on the basis of a post-obstructive uropathy) prompting hospitalization at the Hackensack Medical Center 9/21/09-9/25/09.

After review of the records provided, it is my impression that the ER evaluation and the hospital stay at the Hackensack Medical Center from 9/21/09-9/25/09, though reasonable and medically necessary, were not causally related to any injuries this patient may have sustained from the MVA of 1/28/08. This patient was approaching maximum medical improvement from his temporary exacerbation of chronic back pain triggered by the trauma of the MVA of 1/28/08 in July 2008 (as described by Dr. Epstein) expected to last another six weeks (estimated to be mid-September 2008). After this time, it was Dr. Epstein's impression that the patient's continued chronic back pain could be related to his history of back pain pre-existing the MVA of 1/28/08. Since it was suspected that the patient's pain medications/treatments immediately prior to 9/21/09 may have led to the development of an



Case 1:10-cv-09212-JGK -DCF Document 13-10 Filed 02/17/11 Page 15 of 19  
2010-02-05 08:57:25 To: VICTOR SARACINIU 2158234425 To: 818565966300 P. 7/11

Pushkin, David B.  
Page: 1

**Harold K. Gever, M.D.**  
40 Hals Drive Upper Holland, PA 19053  
*Diplomate, American Board of Internal Medicine*  
*Diplomate, American Board of Utilization Review and Quality Assurance*

Phone: (215) 752-3073

Fax: (215) 752-6061

E-Mail: [Hgever@AOL.com](mailto:Hgever@AOL.com)

Re: Pushkin, David B.  
Claim #: 0236794150101016  
DOL: January 28, 2008

#### **I - Records Reviewed:**

- Hackensack University Medical Center, hospital records, 9/21/09-9/25/09
- Institute for Diagnosis & Treatment of Pain, Boris L. Prakhina, M.D., IME evaluation, 10/15/09
- Dr. David Pushkin, letter, 10/28/09
- Alliance Hand, PT notes, 4/7/08-4/28/08
- Menachem Y. Epstein, M.D., IME report, 7/31/08
- Hackensack University Medical Center, radiographic reports, 1/28/08

#### **II - History**

David Pushkin was the restrained driver of a vehicle struck in the rear by another vehicle at the time of a MVA occurring 1/28/08. The patient reported the development of back pain immediately after the accident. He presented to the ER of the Hackensack Medical Center on the same day as the accident where radiographs of the lumbar and thoracic spines were obtained. The lumbar films revealed evidence for a previous lumbar fusion, anterolisthesis of L5 on S1, and laminectomies with fusions at L3, L4, and L5. The thoracic films suggested degenerative changes. The patient was evidently treated and released.

Information regarding this patient's subsequent treatment course was obtained from the body of an IME evaluation performed by Dr. Menachem Y. Epstein on 7/31/08. The patient came under the care of Dr. Seth Kane (orthopedics), Dr. Kenneth Park (pain management), Dr. Mario Vukic (neurology) and Dr. Andrew Casden (orthopedics). A brief course of physical therapy was provided to the patient in April 2008 through Alliance Hand. Many additional radiographic studies had been performed on this patient including a CT scan/myelogram (6/3/08) and a bone scan (6/25/08). The CT scan/myelogram revealed previous surgical changes, a small posterolateral herniated disc at L2-3, slight spinal stenosis at L5-S1, and Grade II spondylolisthesis of L5 over S1. The bone scan revealed post-surgical changes. At the time of his evaluation of this patient on 7/31/08, Dr. Epstein concluded that the patient's chronic lower back pain had been temporarily aggravated by the



Page: 3

The opinions expressed in this medical report are formulated exclusively from the legible documentation provided to me by Premier Prism Solutions and are based upon a reasonable degree of medical certainty.

Orange

Harold Gever, M.D.  
2/3/10





**SCHACHTER PORTNOY, L.L.C.**

Case 1:10-cv-09212-JGK-DCF Document 13-10 Filed 02/17/11 Page 17 of 19

**HOWARD SCHACHTER\***  
**DARIN S. PORTNOY\*\***

**SUSAN G. STEINMAN\*\***  
Of Counsel

ATTORNEYS AT LAW  
3490 U.S. ROUTE 1  
PRINCETON, NJ 08540  
TEL: (888) 454-3111 (609) 514-0999  
FAX: (609) 514-1599

**STEVEN I. GREENBERG**  
**TERRANCE W. ANNESE**  
**DANA C. JONES**

\*ALSO ADMITTED IN NY  
\*ALSO ADMITTED IN PA

January 19, 2011

DAVID B PUSHKIN  
300 STATE RT 3  
EAST RUTHERFORD NJ 07073

Re: Our Client/Creditor: HACKENSACK UNIVERSITY MEDICAL CENTER  
Amount of Debt: \$39,685.58 as of above date  
Our File Number: G1100190

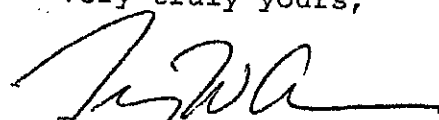
Dear DAVID B PUSHKIN:

This law firm has been retained by the above-named creditor to collect the outstanding balance on your account. Our client requests that you send payment in full. Please make your check payable to Schachter Portnoy, LLC Attorney Trust Account and send payment to Schachter Portnoy, LLC, 3490 US Route 1, Princeton, New Jersey 08540. If you cannot send payment in full, it is possible that a payment plan could be arranged. Please contact this office to make arrangements for payment.

**Disclosure**

You are hereby notified that this firm is acting as a debt collector in this matter. We are attempting to collect a debt and any information obtained will be used for that purpose. Unless within 30 days after your receipt of this notice, you dispute the validity of the debt or any portion thereof, we will assume the debt to be valid. If you notify us in writing within the 30-day period after your receipt of this notice that you dispute the debt, or any portion thereof, we will obtain verification of the debt, or if the debt is founded upon a judgment, a copy of the judgment, and a copy of such verification or judgment will be mailed to you by us. Upon your written request within 30 days after receipt of this notice, we will provide you the name and address of the original creditor, if different from the current creditor.

Very truly yours,



Terrance W. Annese, Esq.  
For the Firm



# CHARACTER

**FORTNOY, L.L.C.**

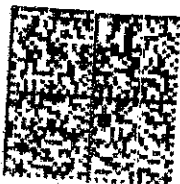
ATTORNEYS AT LAW

3490 U.S. ROUTE 1

PRINCETON, NJ 08540

Return Service Requested

03 POSTAGE  
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**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the foregoing Plaintiff's COMPLAINT and Proposed Order, was sent to the below named Defendants on this the 4<sup>th</sup> day of February, 2011.

This MOTION was sent to the below named parties by certified mail.

Beth R. Nussbaum  
200 Winston Drive, Apt. 812  
Cliffside Park, NJ 07010

Beth R. Nussbaum  
109 East Palisades Avenue, Unit #4  
Englewood, NJ 07631

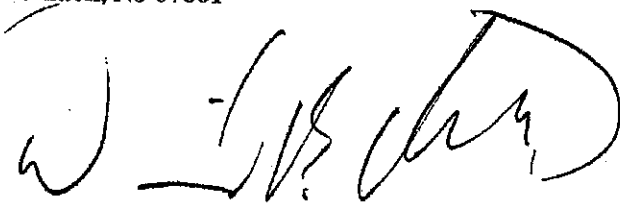
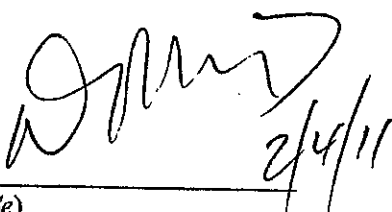
RHI Entertainment, Inc.  
1325 Avenue of the Americas, 21<sup>st</sup> Floor  
New York, NY 10019

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Dr. David B. Pushkin (Plaintiff Pro Se)  
300 State Highway Route 3 East, Suite 114  
East Rutherford, NJ 07073  
(201) 206-5160/ (201) 765-9495/ dpushkin@nj.rr.com  
(Telephone Number/FAX/email)



STATE OF NEW YORK        )  
                                  :       ss.:    **AFFIDAVIT OF SERVICE**  
COUNTY OF NEW YORK    )       **VIA FEDERAL EXPRESS**

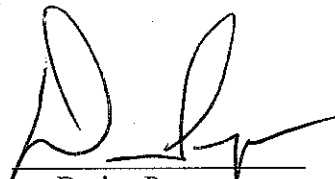
Darien Pereyra, being duly sworn, deposes and says:

1.     I am not a party to this action, am over 18 years of age, and am employed with the firm of Katten Muchin Rosenman LLP.

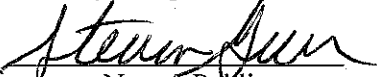
2.     On the 26th day of April, 2011, I served the annexed **NOTICE OF MOTION; MEMORANDUM OF LAW IN SUPPORT; and RULE 7.1 STATEMENT** in this action, upon the following at the addresses indicated by depositing true copies thereof, enclosed in properly addressed prepaid wrappers, marked Federal Express Overnight Delivery, in an official Federal Express depository:

Dr. David B. Pushkin  
300 State Highway Route 3 East, Suite 114  
East Rutherford, NJ 07073  
*Plaintiff*

Sherri Lee Eisenpress, Esq.  
Reiss, Eisenpress and Sheppe LLP  
425 Madison Avenue  
New York, NY 10017  
*Attorneys for Defendant RHI Entertainment, Inc.*

  
Darien Pereyra

Sworn to before me this  
27th day of April, 2011

  
Notary Public

STEVEN GREER  
Notary Public, State of New York  
No. 01GR6033269  
Qualified in New York County  
Commission Expires November 15, 2013

